

THE Public Health Nurse

SEPTEMBER, 1919

Is the Visiting Nurse a Public Health Nurse?

Dr. Lee K. Frankel

The Stranger Within Our Gates

Dorothy Caffin

Work With Children in France

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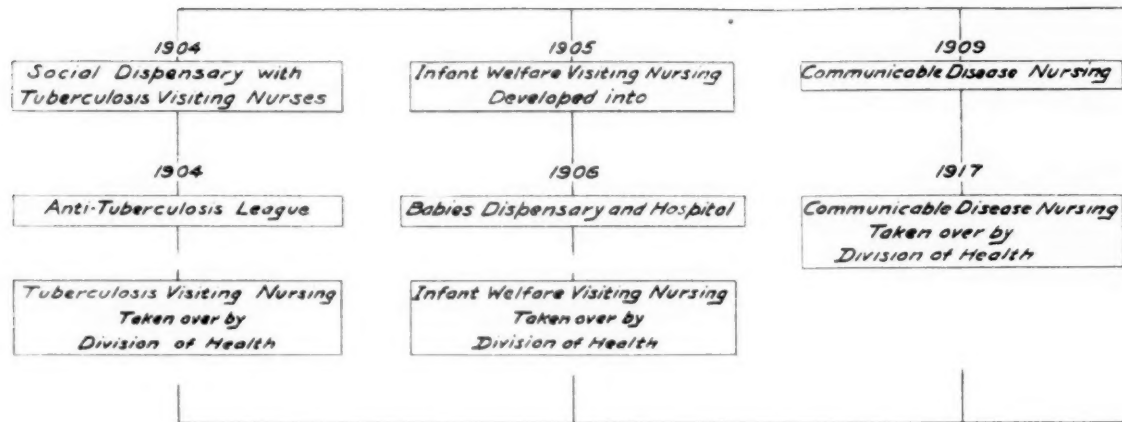
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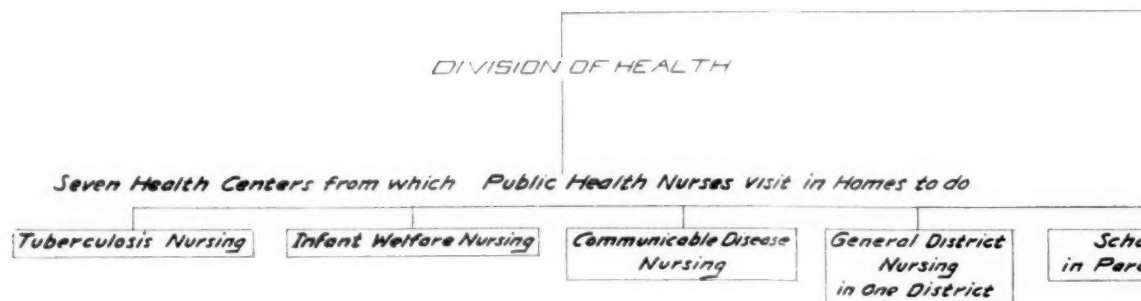
THE RECORD OF ONE VISITING NURSE ASSOCIATION

1904

GENERAL VISITING NURSE ASSOCIATION
DEMONSTRATION

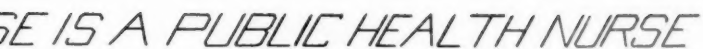


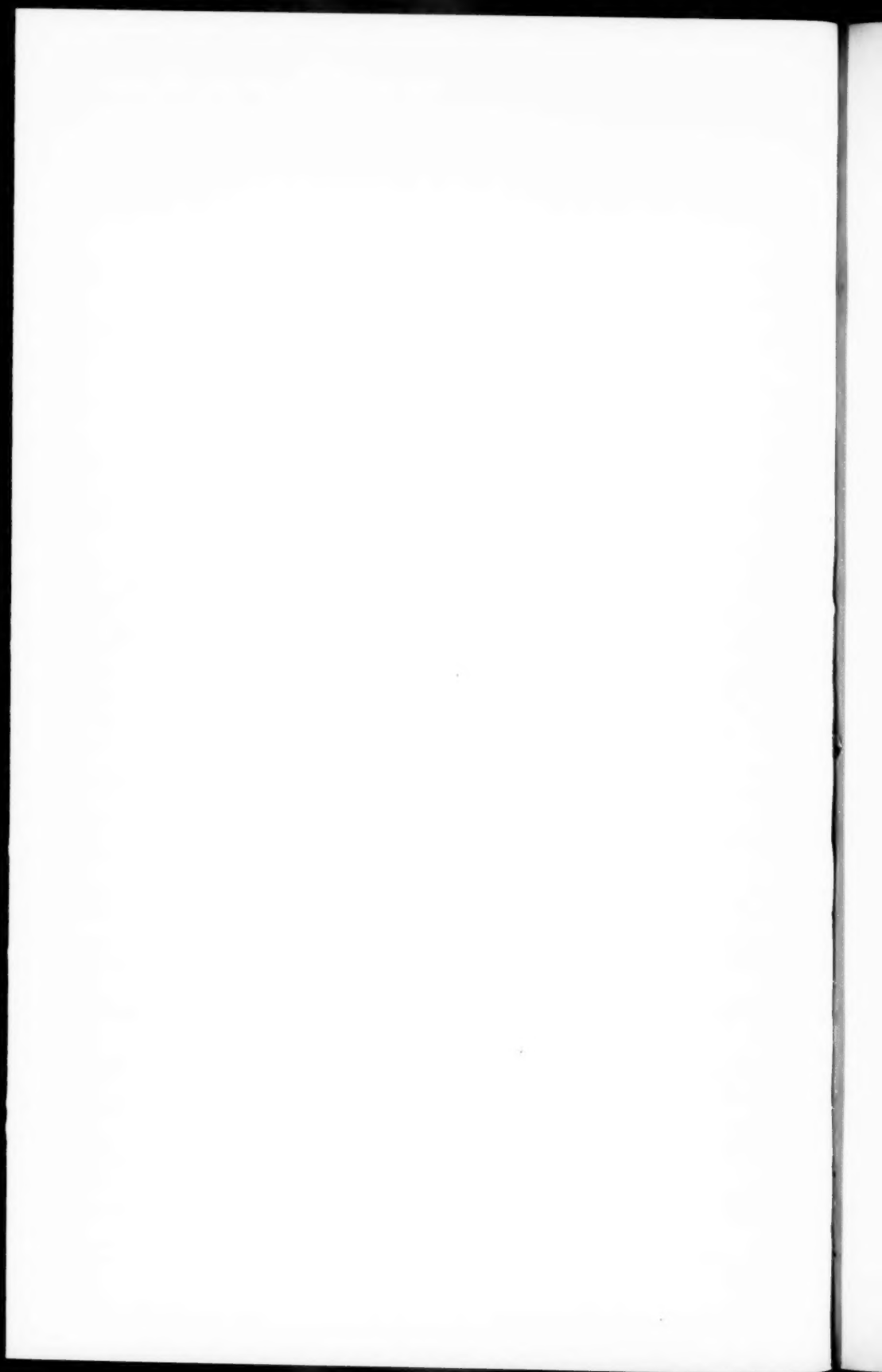
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WHY THE VISITING NURSE

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The Public Health Nurse

VOL. XI

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EDITORIALS

WHY THE VISITING NURSE IS A PUBLIC HEALTH NURSE

The chart which we publish in this issue, entitled "Why the Visiting Nurse Is a Public Health Nurse," shows in diagrammatic form the record of one Visiting Nurse Association. It would be interesting to know how many other associations could point to a similar history. This record seems to us to convey its own meaning without further comment. Perhaps it should be stated, however, that the processes marked on the chart whereby the various activities of the Visiting Nurses were recognized as being properly municipal activities and were ultimately accepted as such by the Municipality, included many fine points of coöperation and many stages of development which it would not be possible to picture. There was a period, for instance, when the school nurses and the communicable disease nurses were paid by the City but were members of the Visiting Nurse Association staff and were under the supervision of its superintendent. Similar coöperative plans were followed out in regard to other activities.

In short, "The part that the Visiting Nurse Association has ever had to play has been to demonstrate the value and practicability of a thing, and to carry it through that period of life when the mortality of good things is highest, which of course is precisely the same period as for human infants—the first few months of existence."

THE IMPORTANCE OF TRUE DEFINITIONS

Not many days ago a friend said to me, "What particular benefit will come from attempting to define the meaning of the word *Public Health Nursing*? The question roused in me a feeling of dissent, which was much increased a little later by finding in Thomas Hobbes' "Leviathan" the following words which seemed to me of so excellent an understanding that I venture to quote them:

"Seeing then that *truth* consisteth in the right ordering of names in our affirmations, a man that seeketh precise *truth*, had need to consider what every name he uses stands for; and to place it accordingly; or else he will find himself entangled in words, as a bird in lime-twigs; the more he struggles, the more belimed. And therefore in Geometry . . . men begin at settling the significations of their words; which settling of significations they call *Definitions*; and place them in the beginning of their reckoning.

"By this it appears how necessary it is for any man that aspires to true knowledge, to examine the Definitions of former Authors; and either to correct them, where they are negligently set down; or to make them himself. For the errors of Definitions multiply themselves, according as the reckoning proceeds; and lead men into absurdities, which at last they see, but cannot avoyd, without reckoning anew from the beginning; in which lyes the foundation of their errors."

And having examined into my own self as to the meaning of the term Public Health Nursing, I came to the following conclusions:

First, I believe that many of us have been led into a confusion of terms in our consideration of the word Public Health Nursing, through a tendency to place the emphasis on the type of treasury which carries a nurse's salary, rather than upon the function which the nurse performs. In other words, tax funds, no matter how expended, are always public funds, just as money collected from individuals through forms other than those determined by legislation are held to be private funds, even though they be applied to further public purposes. So that, from this standpoint, persons who serve under public service bureaus or departments are called public servants, while those who serve with private boards of administration are unconsciously considered private workers. In other words, in the popular conception the tail wags the dog and not the dog the tail.

It therefore seems very necessary in the matter of establishing a definition of the word Public Health Nursing to make this point so clear that we will never fall into the error of accepting as synonymous the terms Public Health Nursing and municipal, State or public service nursing. The municipal nurse is usually a Public Health Nurse, but the Public Health Nurse need not be a municipal nurse. Perhaps we can establish as a first condition of Public Health Nursing the necessity of caring for or preventing sickness in the home.

And secondly, we may say that the Public Health Nurse must regard her patient as indissolubly united to society, so that his illness or misfortune, his health or prosperity reacts upon society as a whole and in turn is reacted upon by society. This attitude determines the peculiar character of her effort and distinguishes her nursing from the simpler forms of bedside care given in a hospital ward, where the person, isolated from his natural surroundings, has become primarily an individual patient or *case* of illness. The same undifferentiated type of bedside nursing is also made possible in homes where artificial conditions of comfort and luxury conceal somewhat the lines of communication which connect every man with his brother and with society as a whole.

Thirdly, a Public Health Nurse must be thoroughly prepared for her work by receiving that kind and degree of education which enables her to graduate from a hospital school of good standing and, furthermore, to have done some special work, either during her hospital course or in some post graduate school for social nursing, which enables her to recognize the distinctly social implication of illness.

Since the entrance of the Public Health Nurse to the home is conditioned by illness or by a desire to prevent it, it is only logical that she should have a thorough understanding of the nursing care of the sick, for the science by which we approach health is a science which heretofore has largely dealt with the lack of that supreme good and which has enriched itself through the research of many ages, and which is now leading up to the positive affirmation of those great principles which establish health as the rightful condition of man's estate. And since we have an immense legacy of sick and enfeebled people left over from former times when sickness was accepted as the inevitable part of man's earthly experience, nay, even by some, as of positive value in reducing the number of earth's inhabitants; and since the exceedingly complex type of modern civilization still works in countless ways to keep man from getting and maintaining the health which we acknowledge to be his due,

we must admit the wisdom of demanding that the Public Health Nurse be educated and experienced in the arts and methods by which physical suffering is alleviated, as well as in the theory and practice of those principles which will enable her to promote the increase of health in our communities.

A rightful attitude is of itself only the beginning of wisdom and must be supplemented perforce by intensive training along well considered lines and by that rigorous and long-continued discipline and experience which makes it impossible to sleep at one's post or to falter at the performance of disagreeable or dangerous acts.

The first visiting nurses who went into the homes of the sick could not have had in any great degree a consciously social attitude toward the suffering persons to whom they gave bedside care, but this lack was soon made good by what they found in the home. The clear visioned ones among them were not long in recognizing the social implication involved in every case of illness. The thing which had been hard to see when separated from its natural setting and placed apart, proclaimed itself very clearly in the home beset by poverty. The first Public Health Nurses, the pioneers, had to make good without having beforehand the advantage of social training. Indeed, when these first nurses visited the homes, organized social effort was only beginning to find itself along many other lines than that of nursing, and the nurse's care of sickness in the home contributed in no small measure to the development of the body of laws and procedure which we are wont to call social training. Whether a Public Health Nurse enters the home primarily to instruct its members or to help establish quarantine measures—whether she enters it as an inspector in the interests of some survey or other coöperative undertaking—she will always place the emphasis upon sickness and its prevention as her contribution toward the solution of those social problems which have as their rightful solution the restoration of men to health and other forms of well-being.

There are at present, as we all know, many schools in different parts of the country where post graduate courses in Public Health Nursing are given and where the theory and practice of such nursing are carefully taught. There are also a great number of visiting nurse associations where a nurse who has graduated from a hospital which has not given her any special work in the theory and practice of Public Health Nursing can be taught in the homes by experienced instructors. Furthermore, the National Organization for Public Health Nursing establishes and maintains a standard for

such nursing and makes of itself the body in which the soul of this aspiration can grow stronger and better and attain constantly higher levels. The Organization is as strong as all its members and stronger even than its actual membership, because all nurses everywhere who are seeking to help man extricate himself from the closely interwoven net of poverty, sickness and ignorance benefit by the light which streams in increasing strength from this central organization which represents and interprets their efforts and their hopes, and which unceasingly tries to reach them with counsel and support.

TRAINING FOR THE HOMEMAKER

Again we have occasion to call the attention of our readers to the household woman—the private duty woman to whose care is committed, or rather left, an overwhelmingly large proportion of all children or adults, sick or well.

That she should require any training further than that which she can gain through observation and casual experience has not hitherto been deemed a vital necessity. In her case, courses in household management and family care have been elective rather than compulsory, and society thus far has not insisted that a woman receive the kind of training which will fit her for her task, unless she is to use her skill outside of her own household. Perhaps we shall actually be obliged to call her "Mrs. John Doe" and give her a dollar a year before we have a right to protect her and, through her, the family, by teaching her the fundamental principles of the work which she finds herself responsible for.

The untrained woman, whether she struggles alone to perform the diversified tasks of household labor, or whether she act as chief of other untrained household women, is no doubt responsible for a great part of the sickness, chronic feebleness and general disability of human beings in this and in all other countries. But she is more to be pitied than censured, because she is absolutely without protection when it comes to hours of work, compensation for work done, or even satisfactory results as a reward for her unending responsibilities. Whether or no she faces these responsibilities and does her uttermost to fill them successfully, or whether she takes the easier path and evades her duties, the case is one, because there is no standard of requirement by which to praise or blame her.

Sometimes she drudges sixteen or eighteen hours out of the twenty-four and gets food and lodging and possibly some clothing for her pains; sometimes she is well fed, well treated and much

beloved and respected; sometimes she has life tenure of yachts and pearls and country houses; but all these matters are simply questions of degree, for in no case is she held responsible for the kind of work she does unless she is paid for this work in dollars and cents—in no case hitherto has she been obliged by public opinion to qualify in a definite way for her position as chief worker in a home. She fears to be altogether illiterate, but it is perfectly permissible for her to know nothing about the value and preparation of food, or the principles concerning rest, air and nourishment which will make healthy human beings. If her children are feeble in health, ill educated and untrained—that, presumably, is a private affair and one which does not concern society as a whole. Provided we can only train enough professional experts to bale the boat we need not stop the leak. Of course, we do not actually think it out in this way, but neither do we think it out in any other way.

Our respect for the private rights of an adult man and woman is so great that we are perfectly willing to intrust to their oftentimes unskilled care those members of society who are dumb and helpless and unable to protest intelligibly against the monstrous wrongs and sufferings which they endure and which so often are only terminated by death itself.

No doubt a great deal of practical skill and ability are possessed by intelligent household women; many of them have had good home training and many others are so stimulated by the love of their task that they accomplish marvels. But even so, they could do this more easily and better if they had been definitely trained in the principles and procedure of their task, while the danger which society runs from leaving these important matters in the care of its untrained and irresponsible members would be immediately decreased by insisting upon a minimum standard of efficiency for the private householder in the matter of domestic management and family care.

That the Red Cross Chapter in Cleveland has inaugurated a neighborhood system of instruction for women who are already burdened with family cares and who, for the greater part, are at present chosen from women of foreign birth and education and who speak but little English, proves what a great social function it is qualified to fill; and the fact that this simplified course in the instruction and training of home makers is reaching a class of women who could never attend classes at a Teaching Center and who literally have to be won from the round of their domestic duties and difficulties by the skilled helpfulness of visiting instructors makes

us realize still further the immense obligation which rests upon the skilled woman. In the case of this simplified Homemakers Course the City of Cleveland is a partner, and the certificate which the homemaker receives is signed by Cleveland's mayor. The course is carried on in closest coöperation with a Committee on Americanization, and the neighborhood class rooms sometimes harbor as many babies as adults, since the mother must often bring the young children in order to come herself.

No other organization, it seems to us, can so admirably fill this need of society for classes in adult instruction, and we are very glad to publish in this number a summary of the Homemakers' Course in Cleveland.

NOTICE TO MEMBERS

The magazine is issued on the 10th day of each month. All changes of addresses should be in by the 15th day of the preceding month. All changes of addresses, renewals of subscription, or new subscriptions received after the 15th day of the month will be entered as beginning with the issue of the following month.

Back numbers of the magazine may be obtained at the rate of 25c per copy.

IS THE VISITING NURSE A PUBLIC HEALTH NURSE?

BY LEE K. FRANKEL, Ph. D.

Third Vice-President, Metropolitan Life Insurance Company

The two articles appearing in the July number of *THE PUBLIC HEALTH NURSE*, one entitled "Is the Visiting Nurse a Public Health Nurse?" by Dr. H. W. Hill, Executive Secretary of the Minnesota Public Health Association, and the other by Miss Annie M. Brainard, entitled "Why the Visiting Nurse is a Public Health Nurse," raise a question of interest to the nursing profession. Dr. Hill takes the position that a distinction should be made between the Visiting Nurse and the Public Health Nurse on the ground that the work of the former is largely therapeutic in nature. Miss Brainard, on the other hand, argues that the work of the Visiting Nurse is comparable to that of other workers in the public health field. Which of the two is correct?

Reading through Dr. Hill's article it has struck me that in the definition which he has given of public health he has overlooked the modern conception of public health administration. Generically, improvement of the public health, reduction in mortality and the prolongation of life divide themselves into two phases. The first of these may be termed public hygiene and the second personal or individual hygiene. Under public hygiene may be included all the activities of a health department for the prevention of disease and the eradication of unsanitary conditions over which the individual, as such, has no control. If typhoid fever prevails in a community it is not generally the fault of the individual citizen but rather of a bad water or milk supply. The other so-called transmissible and communicable diseases are generally due to causes outside the control of the individual citizen. They distinctly come within the purview of the health department and of the city officials. If the causes which produce them can be removed, if quarantine can be maintained and if the usual methods now in use for disinfection, sanitation, etc., are observed, experience has taught that mortality from such causes can be materially reduced.

The problem of personal hygiene, however, is one that comes directly home to the individual citizen. Without going into detail, personal hygiene involves habits of life, modes of living, cleanliness, food, indulgences, knowledge of simple sanitary rules, etc. While the health officer may be in a position to develop public hygiene without coöperation of the individual citizen, his labors in a campaign of

personal hygiene are in vain unless he has an intelligent and sympathetic citizenry. This necessarily pre-supposes the education of citizens in the rules of personal hygiene and health.

It is this realization on the part of health officials that has brought about the use of the Public Health Nurse within the last decade. It is immaterial whether her work is in the public schools in the examination of children, whether she works in a milk station assisting mothers in the training and raising of their babies, in diet kitchens where instruction is given to mothers and others in the preparation of food, or whether she enters the home itself at the time of sickness and gives not merely bedside care but other information which the family may or may not have regarding the need of fresh air, ventilation, sanitation, etc. It is quite safe to say that the visiting nurse, as she has developed in the United States, has for all intents and purposes been more of an educator than a therapist. While her primary purpose in the home, it is true, has been to render relief to the suffering, it is her value as an instructor that has made visiting nursing take such strides as it has during the past ten years. It is very questionable whether, if the work of the visiting nurse had been purely curative, community interest in this type of medical work would have developed to the point it has now reached.

With this thought in mind, it is quite easy to see that the work of the visiting nurse as an agent of public health is only in its infancy. The difficulty has been in the past that the nurse has reached too few homes. The approach of the visiting nurse association to the family was largely from the charitable side. It was the dependent classes only who received the ministrations of the nurse. Viewed from the public health standpoint, visiting nursing must lose its charitable aspect and be developed as a community proposition for the benefit of all alike.

Just as this was dictated, I received a copy of the Greater Community Plan of Creston, Iowa, where an interesting experiment is being made in community coöperation for better health, using the Public Health Nurse as one of the organic agencies. The definition of a Public Health Nurse given here is indicative of the modern view. In reply to the query, "What is a Public Health Nurse?" the booklet states:

"She is 'a graduate nurse doing any form of social work in which the health of the public is concerned, and in which her training as a nurse comes into play and is recognized as a valuable part of her equipment.'

"She may be an infant welfare nurse, a school nurse, a medical social service worker, a tuberculosis nurse, an industrial nurse, a district or visiting nurse. If she is working alone in a small community or in a rural district, she may combine these functions."

WHITHER?

BY KATHARINE TUCKER

Superintendent of Philadelphia Visiting Nurse Society

Upon reading Dr. Hill's most interesting article in the July number of THE PUBLIC HEALTH NURSE, I felt a little as though we all were playing the game of "Fish, Flesh or Fowl" in which the unfortunate visiting nurse seemed to turn out to be not even good red herring. My first reaction is, if the visiting nurse is not a Public Health Nurse what is she? as her most desirable reason for being seems to be suddenly snatched away. Certainly most of us would say that if we are not Public Health Nurses we are not particularly interested in being visiting nurses.

The fact that Dr. Hill's article most clearly and excellently expresses a not entirely unique point of view, but one seriously held and sometimes insistently and publicly stated by others, makes it seem worth while to consider point by point the process through which Dr. Hill reaches his conclusions.

Right at the start, in comparing the visiting nurse's claim to a public health function as practically equivalent to the claim of the physician, hospital or private nurse, Dr. Hill entirely overlooks the fact that the actual bedside care which the visiting nurse does, is now admittedly and avowedly about one-third of her duty in any home which she enters. The other two equally, if not more important sides of the visiting nurse's services, are in terms of teaching the family how to keep well, and applying social treatment where needed, in order to remove the environmental causes of illness, thus making it possible for the family not only to get well but to keep well. But even the seemingly damning fact that the visiting nurse does "give actual bedside nursing service, makes beds, etc.," may and does have a most important public health significance. First and foremost, it is of psychological importance, for I have yet to see any other approach that makes the individual and the family more responsive to suggestion and advice than this very bedside care which is such an obvious, intimate and easily understood ser-

vice. It simply opens the way for those other two more definitely public health functions of the visiting nurse and makes it possible for her to do a more thorough public health job than through any other medium of approach. Furthermore, demonstration is the most approved pedagogical method and no visiting nurse would willingly relinquish this thoroughly sound advantage gained for her teaching through bedside care.

The evident misunderstanding of Dr. Hill and many others is, that because the visiting nurse does actually nurse, does deal with actual diseased conditions, a perfectly impassible barrier instantly is raised which limits her to that function and that alone. I wonder if the difficulty is not this—no differentiation is made between the medical therapeutic *approach* and the fundamental responsibility and ultimate *goal*. If the nurse enters a home simply to help one sick person there to get well, Dr. Hill is right; but if the nurse gains her entrance to the home through the sick individual, but, once there, considers her responsibility to extend over the whole family and that she has not done her job until she leaves that family better able to keep well than when she entered, her purpose certainly is prevention and health is her goal.

It is quite true, of course, that the distinct feature of the visiting nurse service is bedside care, for until recently other Public Health Nurses have not included that. This does not, however, prove the converse that the visiting nurse does not include the functions of the other group. As far as the relative proportion of time given to therapeutics and to prevention is concerned I decidedly do not agree with the statement in the article. Any nurse who is a visiting nurse and is not planting the seeds of prevention in almost every act in the technique of bedside care is not worthy of the name of visiting nurse. Therefore, it would seem to me that about one-sixteenth of her time is not concerned with prevention—and I am using this word as Dr. Hill defines it—as the inter-relation of individuals to each other. Take for instance the actual care of a typhoid or pneumonia patient. Surely in teaching the family the reasons for the special technique in these cases it is essentially a public health matter and not a question limited to the one individual who is sick. Though less obviously so, the same is equally true in a maternity case.

Analogies are always dangerous, but out of the definition given of the province of the physician and the health officer comes, not the distinction between the visiting nurse and the Public Health Nurse, but a rare portrayal of how the visiting nurse combines the

function of both, as seen by Dr. Hill. True, the visiting nurse does "repair or attempts to repair damage or disability already existing in an individual," but it is equally true that through this unique function comes the open sesame to the larger field of preventive work with the whole family.

In next to the last paragraph of Dr. Hill's article again the difficulty is very clearly seen. The confusion seems to be because the visiting nurse's initial approach is usually through sickness in an individual. In some mysterious and horrible fashion it makes it impossible for her to be "chiefly devoted to the discovery of dangerous conditions and the taking of and giving instruction in the precautions to off-set the dangers." In these words describing Dr. Hill's conception of a Public Health Nurse, again he has given us a most excellent and satisfactory definition of the chief and most important duty of the visiting nurse, a duty which she can the more easily perform just because of the psychological and pedagogical advantages of her position through bed side care.

Such a clear and honest statement as Dr. Hill's of an opinion differing from our own should do more than to stimulate us to answer it. We should seek for some cause to see wherein we ourselves are to blame. The first question that comes to our mind is: Have those who hold this attitude about the visiting nurse had recent contact with such work? And secondly, we are forced to admit that not all visiting nurses do lay sufficient emphasis on the public health side of their function. We see this in isolated cases on our own large staffs and elsewhere as well. It also is quite true that from the new public health movement itself the visiting nurse has learned how to become a Public Health Nurse and that in the very early days her work was more or less limited, as Dr. Hill now conceives of it. But the point is that we *have* learned and are glad to give thanks to the public health workers, like Dr. Hill himself, for pointing the way.

A LETTER FROM A VISITING NURSE

We have received the following letter from Miss Mary E. Westphal, Associate Superintendent of the Chicago Visiting Nurse Association:

I have read Dr. Hill's article in the July number of *THE PUBLIC HEALTH NURSE* with a great deal of interest.

I can find no good reason for his assertion that a visiting nurse is not a Public Health Nurse. Of course all Public Health Nurses are not visiting nurses. Surely no nurses do more along instructive and preventive lines than the visiting nurses do. Because a visiting nurse gives bedside care to the sick members of her families, she is better able to teach health measures not only to that immediate family but to the public generally. She can make herself felt in a community by demonstration and service in this way as she can in no other way.

No visiting nurse limits her interest or activities to the therapeutic side of her work. If she did, it would not be necessary to prepare for the work as we do prepare for it. The nurse fresh from her hospital could go into the homes and care for the sick just as the so-called "hourly" nurse does. I do feel that there are some nurses doing visiting nurse work without qualifications or any preparation for it who are not doing the work as it should be done. I believe that it is such nurses who make articles like Dr. Hill's possible. The articles should make the value of, and the need for preparation for visiting nurse work more than ever apparent and most necessary to those nurses who contemplate undertaking it."

CONCLUSION

The various articles which have appeared in response to the article by Dr. Hill in our issue of July last confirm us in our belief that the visiting nurse is fundamentally a Public Health Nurse. We feel that the discussion has proved of great value, and we hope it may have practical results, by clarifying the minds of many of us in regard to some points and by causing us to take stock of ourselves and thus to find out how far we are actually living up to the belief which we express.

THE STRANGER WITHIN OUR GATES*

BY DOROTHY CAFFIN

Henry Street Settlement.

Just now practically every social and educational agency is drawing attention to its "Americanization work." It is not that they have changed their policies to conform to a new requirement, but rather that a new term has come into existence descriptive of their functions. "Americanization" has been carried on since the foreigner first landed on American shores. It is only that now the press and public interest have found a name for the processes by which American citizens are made of the men, women and children of all races, creeds and colors who come from across the seas, bringing with them traditions and customs that are not American.

The tremendous upheaval in Europe has made us suddenly become vitally conscious of these strangers in our midst and of the fact that they are foreigners in every sense of the word, living beside us, but so vaguely understood, and in turn understanding so little of our lives and standards. So we are urging "Make good Americans of these foreigners. Teach them to understand the country in which they have made their home. Teach them to know what America stands for."

It is estimated that there are 35,000,000 of these aliens in our country, and the by-word of the day is "Americanize them." So the agencies that have always done just this—the settlements, schools, clinics, day nurseries, community centers, nursing services, etc.—have intensified their efforts to make intelligent citizens of our foreign populations.

The share of this Americanization work that the Public Health Nurse can contribute is an invaluable one. Dr. E. Steiner, sociologist and author, in addressing the staff of the Henry Street Visiting Nurse Service, recently said: "I envy you your opportunities for service in this direction (Americanization)—you who can penetrate right into the home and through your priceless service at the family's hour of greatest need, win their trust and point a precedent." Dr. Steiner has studied closely the foreigners in our country and his knowledge of them is a sympathetic one. In this same address he added a word of warning to the nurses—a plea for these strangers in the land, that is perhaps the keynote for success in this direction. "Remember," he said, "you stand to them for America. You are teaching American ideals and American cus-

*For the illustration we are indebted to the courtesy of Mr. Lewis W. Hine.

toms. But in so doing have sympathy for their own ideals and customs. There is no more direct way of doing this than to remember the pleasure you can give by learning to speak a few words of the language of your patients. It flatters and pleases an Italian mother when you ask her, "How is the *bambino* today?"



GREEK PRIEST

Americanizing the mothers is the Public Health Nurse's special job, and each time she succeeds in implanting on the mother's mind a lesson in health or hygiene, she has planted the seed of Americanism in its truest sense. The mother is the chief executive of the home. From her emanate the standards of home life and ideals for the entire family. The children in their schools, the fathers, through their unions and lodges, are introduced to the standards of the new world, but how many times have we not seen

the beneficial effects of these destroyed or at least weakened because of lack of cooperation at home? Or again, how many times does not the tragedy occur of the foreign mother being scorned by her Americanized children because she knows only the traditions and ideals of the land of her birth? That many of these traditions and ideals are intrinsically of great beauty does not alter the fact that they have no place in the daily life of America. To help these



RUSSIAN COSSACKS

mothers understand, to help them keep abreast with their forward-pushing girls and boys is a privilege that belongs peculiarly to the Public Health Nurse. One of the staff of the Henry Street Visiting Nurse Service, whose district is in the lower East Side where live the "newest comers" to the country, recently wrote the following comments on conditions as she finds them:

It is remarkable that though the average wage of the toiler who resides in this district is far below that of the worker in what we call our middle class communities, children continue to be born, reared, clothed and sent to

school with a regularity surprising to one who is familiar with the trying conditions under which these children are often brought into the world. Though the father of a large number of children may have been unable to secure the simplest necessities for the coming of a new baby into the world, the event is accepted with equanimity, and these children are as a rule healthy, despite the fact that they are often born under conditions that are far from sanitary.

A case in point is that of a mother who gave birth to her fifth child recently. On the occasion of the first visit the nurse, on opening the door to the kitchen, saw on the sink the following collection: dishes, dirty stockings,



LITTLE STRANGERS FROM HOLLAND

bread, shoes; while on the table reposed some pieces of cotton and pieces of coal. Hanging on the wall was a sheet from the mother's bed being used as a towel, which was, as the seventeen-year-old daughter explained, plenty clean enough for the purpose. This daughter, though a student in high school, dislikes children and house work, and, according to her mother, prefers a book to attending to her household duties. After one or two visits by the nurse a slight improvement was noted, but whether it was due to a sudden desire for cleanliness or to the girl becoming weary of listening to the nurse's sugges-

tions, is not known. Anyway, the two-year-old member of the family, who formerly appeared as though her face was never washed, became clean and wore shoes on the occasions of the nurse's visits. "I is glad you come, mother feels better when you go," is the way she expresses her appreciation.

Another nurse gives the following impressions of life in the foreign districts of the city and the opportunity that comes to the nurse to open the door to an understanding of American ways:

My first few days left me with a heartache at what I saw. The children, small replicas of their loud-voiced, untidy, ignorant mothers, springing from what looked like hopeless surroundings. The cats and ash cans seem insepar-



A GROUP OF SERVIAN GYPSIES

able and one's heart aches for these ever hungry, slinking shadows that seem to be everywhere. Some are so diseased with mange; one I saw with an abscess, and one wonders where the "Cruelty to Animals" keep themselves.

The pushcarts with their assortments of food, clothes of every description, gay colors and personal vanities stand out in the newcomer's mind. One hears some very keen bargaining and maybe it is only a penny saved, but it seems a victory to the victor.

Through these greatly congested marketing streets comes a doleful sound of music and as it advances, in a wheel chair one sees a face quite in keeping. But these poor have hearts that respond and they drop the pennies into his cup, and it makes me feel selfish in comparison.

Where can all these children and people come from? From up the stairs, for it is stairs and stairs that make these veritable bee hives possible. And they end in various conditions of light, ventilation, space and numbers.

All this and so much more in the first days, and I kept saying to myself, "What's the use of it all? If like begets like and the children are to fall heir to all this, can life, restored to them, in any way be a compensation?"

And my answer has been coming to me little by little and I feel the inspiration. Even the little children can interpret for their grown-ups. I have seen homes, so dirty and wretched, become after a few visits clean and well ventilated. Mothers have given intelligent care with such little help and guidance. I have talked to youngsters who intended being doctors or lawyers. Also I have talked to one foreign-born family, two of whom are teaching school and one a stenographer. Progression is at work everywhere.

Some of the "Americanizing" (if by that word we mean the teaching of standards that are a credit to America) must be taught to people who are not necessarily strangers on our shores. There are the Negroes, for instance, those loving, lovable folk who mean so well but often do so poorly. A nurse who had charge of a colored family describes their reaction to her influence as follows:

I called at the "A" home to find out what member of the family was ill. A neighbor ushered me into the kitchen first, then walked ahead of me into the sick room, which was all but pitch dark, not a window in sight and so hot and stuffy one could hardly stand it. She lit the gas, and as she did, four black faces and eight shiny black eyes glistened before me from the four corners of the bed.

The mother, her head tied up with a red bandana, was the first to be stricken with the gripe and, due to the overcrowded conditions in the home, just passed it on to the other members of the family, with the exception of her husband. Just then he was out phoning for a physician but came back before I left. His boss had given him a day off to look after his family.

One by one, the patients were bathed. There seemed to be no end of soiled clothes to be disposed of, but there happened to be a fairly good supply of clean linen stowed away in the family bureau. The man of the house seemed more than willing to help and said, "Oh, yes, I know some place I can send all these clothes out and have them washed."

I went back in the afternoon, unexpectedly, and sure enough, he had kept his promise, but had not sent the clothes out to be washed. On the other hand, his feet seemed to be about the only visible part of his anatomy, he was so deep down in the wash tub himself.

Each day seemed to bring some new improvement in the home conditions. The husband said he "never did like the rooms anyway, he was going to move just as soon as the folks were well again.

The value of a word in the mother tongue of the patient is illustrated in one nurse's description of a visit during the influenza epidemic. She writes:

. . . . My next call was on Cherry Street, only two flights up, but in such dark rooms, as they all seemed to open on the narrow passage between

two houses. The family were Italians and I found the father and mother in bed in one room and the baby in a baby carriage in another. The house was dirty and there were three other children, one just out of bed and looking very white, and a boy who seemed well and acted as interpreter, and who went out to buy "white soap" for the baby, when I explained that yellow soap was too strong. I found the mother, father and little girl all convalescent, indeed the mother got up while I was there to superintend my care of precious Baby John. The children and a neighbor stood by, too, lest I harm the baby. I washed him on a pillow on the table and rubbed him with alcohol of my own as they had none, but I told them to get some for the next day's call. Johnny had a gold ring on his finger and was a dear baby. He was quite still while I cleaned his nails and his mother seemed to approve. She held him in her arms near the window, where I could scarcely see. I always say "Bella" when I clean the Italian children's nails and that seems to satisfy them.

In perhaps no branch of Public Health Nursing more than in maternity work is there opportunity to teach the rudiments of Americanism. "There is a satisfaction in seeing that you have really helped," writes one nurse, "and in feeling that the mothers observe the nurse and appreciate the care given to the babies. They in turn tell other mothers, and I believe that the degree to which we can succeed depends on the amount of human interest we nurses have in our work for our patients."

It was a human impulse behind her technical training that inspired a student nurse, at the close of her first month of Public Health Nursing, to put in the form of a poem the feeling that her patients roused in her:

MY PATIENTS

Across the world your hopes did bid you fly—
From friends apart, away from homes of old,
With new-found trust your harried souls made bold,
With new-found hope your care-bent heads held high.

Beset with wrenching pain as hours drag by—
With breath of fire and sudden-coming cold,
Or sudden torpor that your senses hold—
Upon your huddled beds I see you lie.

In perfect faith, from lands across the sea
You came, to give yourselves and all your own
To this sweet land, and to our Freedom dear.
Let any comfort that my care may be
Remain within your hearts for harvest sown,
And reaping, know that *Brotherhood* is near.

It was a recognition of the gain to herself from this same "human interest" that inspired the nurse who wrote to her supervisor:



HUNGARIAN SLOVAK



RUSSIAN PEASANT

Of course, we are taught that "all people are alike," but there is such a chasm between theory and practice! The majority of people (even those in large cosmopolitan cities) are used to regard members of large groups without their "own" circle through the dark glasses of racial intolerance and material prejudices.

For the visiting nurse every one is alike (not in theory alone), black, white or yellow, Gentile, Jew or member of any other religion, rich or poor.

From actual life and not from books we learn great lessons of psychology—that there is bad and good in every one, that they are often intermingled, and that very often you find wonderful qualities under a seemingly coarse and unpretentious surface. We learn not to regard unpleasant traits as national or racial characteristics, but we attribute them to bad environment and lack of education.

Thus while primarily the district nurse goes out on her mission of alleviating bodily pain, fighting disease and often death, she often learns sacred truths of life, which purify her heart, widen her horizon and help make "Universal Brotherhood of Man" a true emblem of settlement work.

A COURSE FOR THE HOMEMAKER

BY ETHEL M. HANSON

Director of Educational Department, Red Cross Teaching Centre, Cleveland

The Homemakers Course of the Red Cross Teaching Center in Cleveland was developed largely because of the varied and trying experiences of homekeepers during the influenza epidemic. Many women who had taken the courses in Home Nursing, Dietitics and First Aid at the Teaching Center expressed such hearty gratitude for even this small amount of instruction and dwelt so much upon the fact that it had been of the greatest assistance to them in enabling them to meet the exigencies caused by the influenza in their own homes that the committee in charge of the educational work realized more keenly than ever how necessary it is to teach some of these essential facts to such homekeepers as could, perhaps, attend classes if given in their own neighborhood. The instructor, therefore, outlined a course combining and simplifying the instructions given in the three regular Red Cross text books making what is called the Homemakers Course.

Outlining and planning this course entailed a great deal of time and expense at a time when the Teaching Center finances were running very low, so the Chapter Executive Committee was approached in regard to subsidizing the expense, which they gladly agreed to do for a period of six months.

After the outline was completed the plans of the committee were presented to the mayor by one of the members, and by this

means a proclamation and endorsement was secured from him and published in the Sunday newspapers. Following this a little more newspaper publicity was the means of getting the interest of some of the local schools and churches. Perhaps more fundamental than this, however, was the coöperation obtained from the Americanization Committee, which made one of the Teaching Center Committee a member of their committee. The executive secretary of this organization was a great help in interesting in the work centers which were teaching English to foreigners. In fact, the first class was held in such a center. The International Institute of the Y. W. C. A. was also very coöperative and classes were installed in their two newly opened centers.

Other centers heard of the course through the newspaper publicity and asked for help in starting the work which was so needed in their communities and which would be a means of centering the interest of their women and holding them together for the summer. There were eleven classes started in all, from the last of April to the middle of May, with the following results: Seven of the classes completed the work with an aggregate membership of 39; two of the courses were forced to unite because another class had to have the nights that one of them filled; two of the classes failed to complete the work because of the many things that very hot summer weather brings forth in the home; two of the classes in one of the centers failed to materialize, probably because the center was very new, in fact had not yet been opened, and the social workers were not yet acquainted with their community. The visiting in this neighborhood could not, therefore, be upon the women who would be primarily concerned with it, but on the priests and ministers of the community. This effort will, undoubtedly, gain much for the future, because of its educational value, even though it failed to bring classes for the summer. Much of the visiting in this community, as well as in that of one of the school centers and in one of the International Institute centers, was done by Teaching Center instructors.

The number of nationalities in the classes has been an interesting feature of the work, inasmuch as no interpreters were used—the work being given them in very simple English with a great deal of demonstration. Those represented in the classes were: Bohemians, Slovenians, Italians, Hungarians, Poles, Ukranians, English, Hollanders, Lithuanians, Irish, Sicilians and Germans, as well as Americans.

The equipment at each center, with the exception of one church, was supplied by the Teaching Center, which still owns it. The overhead of the classes, except the salaries of the teachers, was met by the center having the work.

The course extended over a period of eight weeks, the classes meeting twice a week. There was only one morning class, this being composed of the mothers of the kindergarten class which was held at the church at the same hours. Four were afternoon classes and the others met in the evening. For the reason that there was so much evening work a staff of three instructors was necessary. There was not enough class work to keep them employed at teaching for the full time, so the days that were not occupied with classes were spent in visiting absentees in their homes, or visiting for the purpose of helping in some solicited capacity. The endeavor has been made to coöperate with social agencies in the city wherever need for help in difficult family situations was apparent. For instance, after a baby lesson in which was discussed the care of the baby at birth, one mother confidentially told the instructor that no drops had been used in her baby's eyes at birth, and she wondered if that were the reason her child had been having so much trouble with her eyes, and had been so retarded in school. The child was nine years old and had only just been promoted from the first grade, because the teacher was tired of having her there. A visit to the home revealed to the instructor that the child saw nothing with one eye and very little with the other. She had been attending a school in which there was no medical inspection. Five years before, one hospital dispensary had given her up as hopeless. The instructor easily persuaded the mother to take the child to another eye clinic and secured a volunteer to take them in her machine. The dispensary reported back unfavorably, whereupon the case was reported to the superintendent of the Blind Schools who has since reported that they had no difficulty in persuading the mother to take the child from the school she was attending and to place her in a sight-saving class.

The interest in infant and child care has been particularly keen in some of the classes. In two instances women have interested their neighbors sufficiently to bring their sick babies to the clinic of the Babies' Dispensary and Hospital. One mother brought a six year old boy to the class—after discussion of height and weight of children—to have the instructor talk to him, for she herself had not been able to persuade him to refrain from tea and coffee. He was not sleeping well and was much under-weight. The instructor

took time to talk to him and to show him the picture depicting the injuries brought about by tea and coffee. He promised to give them up and, much to his mother's surprise, lived up to his promise. His mother agreed not to send him to school in the fall unless he came up in weight. The first week the lad gained a pound, the second week two pounds and he was steadily gaining when last seen. He will be able to enter school this fall.

The interest of the women was varied. Some seemed really hungry for the knowledge they were getting. One woman worked in a factory all day, had two children, four roomers, and a boarder. She completed the course and is trying to persuade her married daughter to enter a fall class. A Mrs. B— worked in a factory all day. She has one small child, and keeps three roomers and a boarder. She did her housework after working hours and came to class regularly two nights a week. She begged for more such work in the fall and promised to come to a First Aid Class.

It is found that the interest of the foreign women depends much upon the attitude of the husbands. Their fees depend solely upon that same person. Unless the husbands approve heartily of their wives' effort to secure this longed-for information, the wives are never able to pay a fee. One woman was forced to give up her course because of her husband's objections. After the graduation of her class she returned to say that her husband had changed his attitude, because he had been the first one upon whom she had used her newly acquired knowledge.

In one instance a father's attitude might have broken up a class of Italian girls, had not home visits on the part of the instructor been resorted to. A class of girls from an industrial company had had a lesson on the care of the baby. Five or six girls were gathered at the home of two sisters and were discussing the bath of the baby. The father overheard them and forbade their returning to class for any such knowledge that they could well learn after they were married. These two sisters were never allowed to return, but their friends did, after their parents were seen and interviewed through an interpreter.

One indifferent woman in one of the church classes was forced to be interested in the course after the instructor's call there one afternoon. The nurse found the baby very ill with acute bronchitis. The nurse improvised a croup tent, began inhalations, instructed the mother and left the baby quite comfortable. The baby improved rapidly and the mother returned to class and came regularly.

Cleveland Chapter American Red Cross



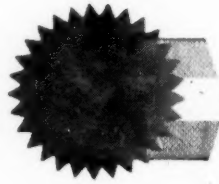
Homemakers Certificate

This Certifies that

has satisfactorily completed a course of instruction in the Homemakers Course given under the auspices of The Cleveland Chapter of the American Red Cross.

Issued at Cleveland, Ohio,

July 2, 1919.



Mary L. Davis
Mayor of Cleveland

Chapter Chairman

CERTIFICATE GIVEN TO THOSE WHO COMPLETE THE HOMEMAKERS COURSE. NOTE THE PARTNERSHIP OF THE CITY, THROUGH THE MAYOR'S SIGNATURE

In a Hungarian district it was necessary to have the class in the evening, because most of the pupils worked by the day. The social workers in that district had said that it would be impossible to have a class there unless the women could bring their small children.

A very interested volunteer was secured to go twice a week to look after these children, and, in truth, she had a very strenuous time. The number of children per evening ranged from 20 to 40* and the ages from 10 months to six years. Sometimes the mothers objected to letting their children go to the adjoining room to be entertained, preferring to hold them throughout the class hour to prevent their crying. One mother sat one evening for an hour and a half with twins dressed in bright red calico, one on each knee. Neither of them stirred the entire time. During a lesson on the pasteurization of milk and the preparation of cereals, the class was gathered about a kitchen stove. One obstreperous baby of a year became too much for the mother, who put him on the floor. After he found a dust-pan to play with, the instructor found it necessary to pick him up and hold him throughout the rest of the lecture.

The original plan of presenting these graduates with Homemakers' pins and certificates at the Fourth of July celebration that is given to the foreign men when they become naturalized, was given up because of the small numbers graduating at one time. It had been anticipated that all the classes would complete at once, but this was impossible because the various centers became interested at scattered intervals. So the plan decided upon was to have commencements for the different classes. The coöperation of the social centers for these events was very gratifying indeed. In fact they assumed the burden and expense of all of them. For the foreign classes speakers were procured who were interested in Americanization and could address the pupils in their own language and impress upon them the value of the work they had completed for themselves and their communities. These commencements were made social affairs and were very interesting and enjoyable. The graduates seemed particularly pleased with the pins, which were furnished by a benefactor. The certificates, though, have won favor as well, perhaps because of the signature of the mayor.

From this four months' experience with the Homemakers Course the following conclusions have been reached:

1. A very high type of instructor is the first essential.
2. Only those with a social instinct or experience can win and keep the confidence and consequently the interest of the women who have to be taught.

3. In difficult communities, that is, where the women are urged by some social agency to take up the work, and have not yet had their enthusiasm aroused for it, social afternoons win a great many over; in fact, plans are being made to allow periods for social times in the schedules.

4. Summer work is very disadvantageous; school children are at home, fruit must be canned, the day is too hot or too wet, the day's work has been too strenuous and ambition is dormant.

5. Social centers rather than school buildings make the more attractive class rooms.

6. Payment must be looked for from results rather than from fees.

This neighborhood experiment in teaching the theory as well as the practice of simple homemaking to adult women of foreign birth and upbringing, already heavily burdened with family cares and, in a sense, housebound through lack of leisure, prejudice and tradition, has had such success that it is hoped that a subsidy can be secured from the various organizations and institutions in those parts of the city where these classes are held and which will benefit from their continuance. In the mean time, the Directing Nurse of the Red Cross Teaching Center is working up a number of very interesting classes to begin in the fall, and which are to be given in shops and factories at the joint expense of employers and employees. These classes, if successful, will reach a different type of woman equally in need of knowledge of the fundamental facts and principles which promote health; and the funds from such classes will also help to carry the neighborhood work, which will always, to a certain extent, require a regular subsidy.

THE UNLICENSED MIDWIFE

BY FLORENCE SWIFT WRIGHT, R. N.

Supervisor of Midwives, New Jersey State Department of Health

EDITOR'S NOTE: The author of this series of sketches of midwives and the part which they play in regard to the welfare of mothers and infants has asked us to draw attention to the fact that there may at times appear to be inconsistencies between the various sketches. It should be remembered, however, that they show the unfolding of an investigation rather than a definite plan of consistent action; the preliminary survey of the situation as regards midwives in New Jersey is not yet complete, and every county so far investigated has presented distinct and separate problems. These facts should be borne in mind by the reader.

Although New Jersey has licensed midwives since 1892, unlicensed women attend confinements throughout the State, with the possible exception of Newark, where supervision of midwives since 1913 has apparently eliminated this type of practitioner.*

The problem of the unlicensed midwife is closely connected with the social problems of those she serves and can never be solved by any general program which fails to take account of local needs and racial prejudices, customs and superstitions.

From the standpoint of the lives of the mothers and babies of New Jersey, the important questions at present are, not, Is the midwife licensed? but, Is she clean?—not, Has she graduated from a midwife school? but, Does she know how to handle a normal case?—not, Can she describe the female pelvis? but, Does she know when to send for a physician and what to do while waiting for him? The question may even be, Can she be taught? not, Does she know?

In most large cities there is little, if any, excuse for the unlicensed midwife. There are usually hospitals, physicians, nurses and licensed midwives. Where there is work enough for a midwife the need is known and some woman of the neighborhood often fits herself to practise. In large cities the usual policy of the State Board of Health is to persuade or compel, if necessary, all unlicensed midwives to stop practising. Those who are qualified are urged to take the State examination and other desirable unlicensed women are encouraged to enter a midwife school and to fit themselves to practise. It has been necessary to prosecute some unlicensed midwives whose ignorance and habit were sources of danger and who evaded or defied the law.

*For description of the origin of the present plan of State supervision of well babies see July number of *THE PUBLIC HEALTH NURSE*, which describes briefly the work of the Newark City Department of Health under Dr. Julius Levy, Chief of the Division of Child Hygiene. Dr. Levy has become Consultant and Supervising Expert of the Bureau of Child Hygiene of the State Department of Health and the State plan is now based on the successful work already accomplished in Newark.

In rural districts quite another state of affairs is often found. Without resident physicians, nurses or midwives and with hospitals unknown, the mothers in many a neighborhood would indeed be in sore straits were it not for the kindly neighbor who responds to an emergency call and does the best she can in absence of more competent help. Investigation has shown that this type of midwife is extremely common in villages and country neighborhoods. While without formal training, some of these women have been carefully taught by local doctors who felt a responsibility for all mothers in their districts, even for those they could not serve directly. In some instances superior women have been found skilfully assisting their neighbors and helping an overburdened local physician.

In all rural districts so far studied, there is a real need for women who can legally and safely attend normal deliveries, who can handle emergencies while waiting for the doctor and who can assist the country doctor when he needs the help the city physician finds so readily at hand.

Does not the rural Public Health Nurse see in this need a call to service? Why should not each rural visiting nurse become a licensed midwife? Is there any more important public health work than that which may be done in the first week of life by giving each new born citizen a fair start?

The great menace of the unlicensed midwife is in the purely foreign settlements so common in New Jersey industrial communities. In a little cluster of tumble down tenements a group of Poles, Hungarians, Slavs or Italians will live as they lived in Poland, Hungary, Russia or Italy. No English will be spoken except by school children in the streets. No one thinks of calling a physician unless the matter is plainly of life and death. Superstition controls thought and action. The midwife, licensed or unlicensed, is of the same race as her neighbors and knows how to play upon the ignorance and superstition of her countrymen to her own advantage. She often surrounds her "art" with mystery, poses as a witch, claims to do "good and bad magic." She so works upon the minds of her neighbors that they fear her and refuse to testify against her, even though they know that she does not treat them as a midwife should.

The unlicensed midwife cannot be controlled without a good birth registration law well enforced. Some of these women have formerly reported births regularly, but the large majority of unlicensed midwives succeed in hiding the fact that they practice by ignoring the law which requires the prompt reporting of births by the attendant.

New Jersey will have unlicensed and untrained midwives, with

their attendant dangers, until the law is enforced, until birth registration is complete, until proper care is available for each mother everywhere, and until we become such good *neighbors* to our foreign born population that they cease to maintain in our midst small editions of backward European villages; until we have learned to understand our foreign-born residents and to persuade them to adopt our good customs because we have made them understand us as friends and neighbors whose ways of life seem good to them.

TWO UNLICENSED MIDWIVES

Mrs. B—— spent her early married life in a small country village where one physician attended all cases for many miles. When her second baby came the doctor was away on another case. No one knew what to do. The baby was born and after a while the afterbirth came. No one dared touch mother or baby. They lay unattended for hours. Later the baby died and the mother always thought the cause was the exposure at the time of birth.

When Mrs. B—— recovered she began to show an interest in the mothers of her neighborhood. The local physician, noting this, suggested that she learn enough to be able to help her neighbors; so she went with him whenever she could. She has been practising for twenty years in a district remote from a physician, although now in a city. When questioned by the investigator she showed a very good knowledge of the duties of a midwife, a love of the work, interest in her poorer neighbors and real *nursing* ability which is often lacking in the sometimes unduly mercenary, trained midwife. She was surprised that she was breaking the law and is now about to enter upon a course of training which will lead to a license. Her children are grown and she can afford to stop work for a while; however, she wants to be sure that if she ever needs to support herself she will be allowed to do the work she loves.

Madame P—— for the last twenty-five years has been a midwife to her countrywomen in the little settlement of foreigners where she makes her home. She has in one way and another grown well-to-do and attends nearly all the neighbor women in confinement. She is held by her patients and their families in great awe and they treat her with reverence. She tried to impress the investigator by stories of her prowess, saying that she never needed a doctor to help her. She told of doing versions, delivering twins, removing adherent placentae, piercing ears, doing breach extractions, treating hemorrhage, treating sore eyes with tea leaves, curing the nausea of pregnancy with a preparation of chickens' intestines, giving blood from the placenta for after pains, and numerous other strange treatments, some of which are so unbelievable that one hesitates to relate them.

Madame P—— claimed to have delivered herself of eleven babies without any help from any one. She said that she had never in her life been attended by a physician. Local physicians tell quite different stories. A physician delivered her of at least two babies and on one of these occasions she nearly died. She *does* attempt to do work which any trained midwife would refer at once to the nearest physician. In fact, nothing seems to frighten her and she is frequently having trouble with her patients in consequence of her ignorance and daring.

Her career has been possible because she has registered all births and because she possessed two bogus licenses which she used to impress her patients. There was no supervision of midwives and no one felt it a duty to investigate the work of this ignorant, dangerous and unscrupulous person.

Madam P—— has apparently now been impressed with the fact that she must stop practising. A licensed midwife who has recently moved to the neighborhood reports an increasing practice and states that the unlicensed woman does not seem to do any more work. This statement is borne out by the observations of a local physician.

There is probably enough real evidence available to put this woman in jail if she continues to defy the law.

A LESSON IN SANITATION IN A KINDERGARTEN FOR FOREIGN CHILDREN

BY MARY ELLEN KERSHAW

Supervisor of Nursing in Schools, Joliet, Ill.

The lesson was begun two weeks before the date set by the nation for Health Promotion Work, in the town of Joliet, Illinois.

The teacher, Miss Adams, is interested in all social problems.

The scholars, 40 in number, were of all nationalities; their fathers worked in the steel mills. In one of the homes there were as many boarders as members of the family, the condition found in so many of the slums—16 persons in a house of five rooms.

There were two classes, one in the morning and the other in the afternoon.

One group was called together one morning, and told to make the "yards;" so to each of these was given a large piece of cardboard and a strip of white paper. The cardboard was then colored green and the strip was pasted on the narrower side to represent the sidewalk. In this group there were children enough to make the "yards" in a city block, with an alley in the middle.

To another group was given paper with which to make the houses or stores for these plats of ground. Some stores were "Grocery," some "Candy," etc.; all had open windows. The houses were also made in this approved manner, with the open windows to insure ventilation.

Day by day the groups made the various things, among these being the covered garbage can, which was placed in the back end of the lot; a garbage cart drawn by a horse which was driven by a man, each cut out of paper, was placed in the alley; automobiles, street cars, trucks, electric light poles with clusters of lights, wires for trolleys of street cars; so various and sundry were the objects thought of and executed that when the whole was arranged on a long table it was a "replica" of a "clean street." The children were playing out of doors in the various "yards."

"Now, children, what shall we call this street?" asked the teacher. "Collins," "Chicago" and various other responses came from the little tots, because of their intimate knowledge of the neighborhood.

Each day the lesson was given to the little folks, until when it was finally finished the "vote" was again taken and without a dissenting voice it became "Clean Street."

This valuable lesson consumed a period of at least four weeks.

Thus are the seeds sown in the minds of the Little Citizens, thus is Americanization begun. What may not this develop into? Surely we who are Public Health Nurses are quite willing to prophecy a "Good Citizen" in the child grown to manhood, or womanhood, whose first lessons are taught in this way.

WORK WITH CHILDREN IN LYONS, FRANCE

BY SOPHIE C. NELSON

*Superintendent, District Nurse Association, Louisville Ky. Formerly
with American Red Cross, Children's Bureau, France.*

The Children's Bureau in Lyons, as in the rest of France, extended its efforts, firstly, to relieving the acute local situation which was very much complicated by the influx of refugees and repatriées' children and, secondly, attempting to educate the people, with the purpose of reducing infant mortality, which has been such a tremendous problem since the war.

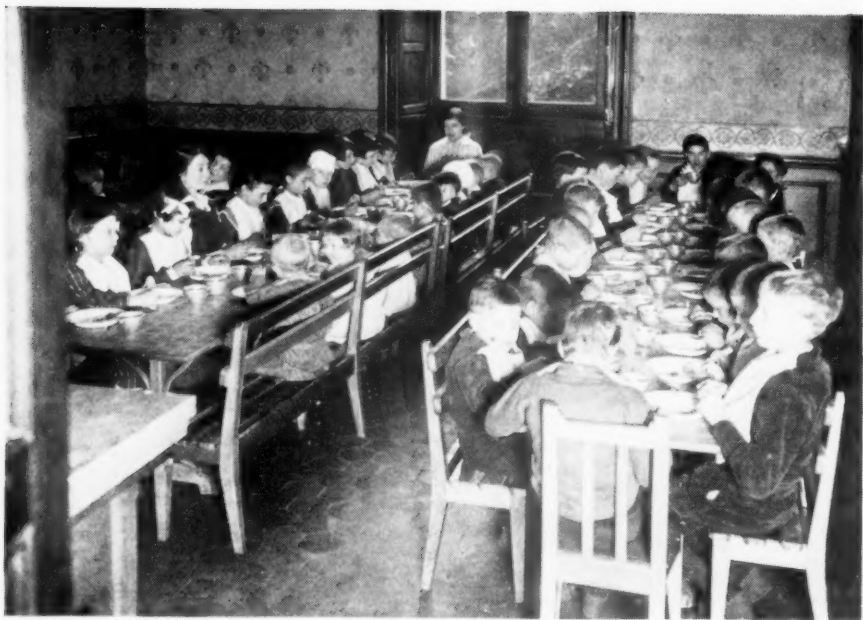
It was first necessary to provide institutional care for the sick and debilitated children whom the Red Cross had promised to care for, these being either orphans or children who had come back to France alone and had to be cared for in institutions. A series of hospitals was started to take care of the ever-increasing number of children that were coming to Lyons in charge of a committee known as "Secours aux Repatriés," which assumed the responsibility and care of all isolated children coming back from the invaded districts. The first of these hospitals, which was a convalescent hospital, was started in November, 1917, in a beautiful chateau about thirty miles from Lyons and accommodated about one hundred and fifty children. It soon became necessary, due to over-crowding and infectious diseases, to start others, and an acute hospital, a contagious hospital, another convalescent hospital and two dispensaries were organized during the first months of 1918 to accommodate the sick children. These hospitals were carried on by the Red Cross until after the armistice was signed, when no more children came from the invaded districts and the hospitals were gradually evacuated and closed. In all, about sixteen hundred children were cared for in these institutions.

After the acute situation was relieved the American Red Cross entered upon an educational campaign. An effort was made to coördinate all the local charitable organizations and to help them continue their work by subsidizing the same. This was a social effort and was done by a social worker for the Red Cross. Another effort was made to train a local corps of women as "visiteuses" to follow up the children in the homes and give instructions to the mothers.

It was thought wise, as a matter of propaganda, to have an infant welfare exposition to interest the public in the matter of child welfare. The American Red Cross was fortunate in securing a building which had been used as an automobile exhibit and which was cen-



"CHATEAU DES HALLES," FOR CONVALESCENT CHILDREN,
THIRTY MILES FROM LYONS



"MESS TIME" AT CHATEAU DES HALLES

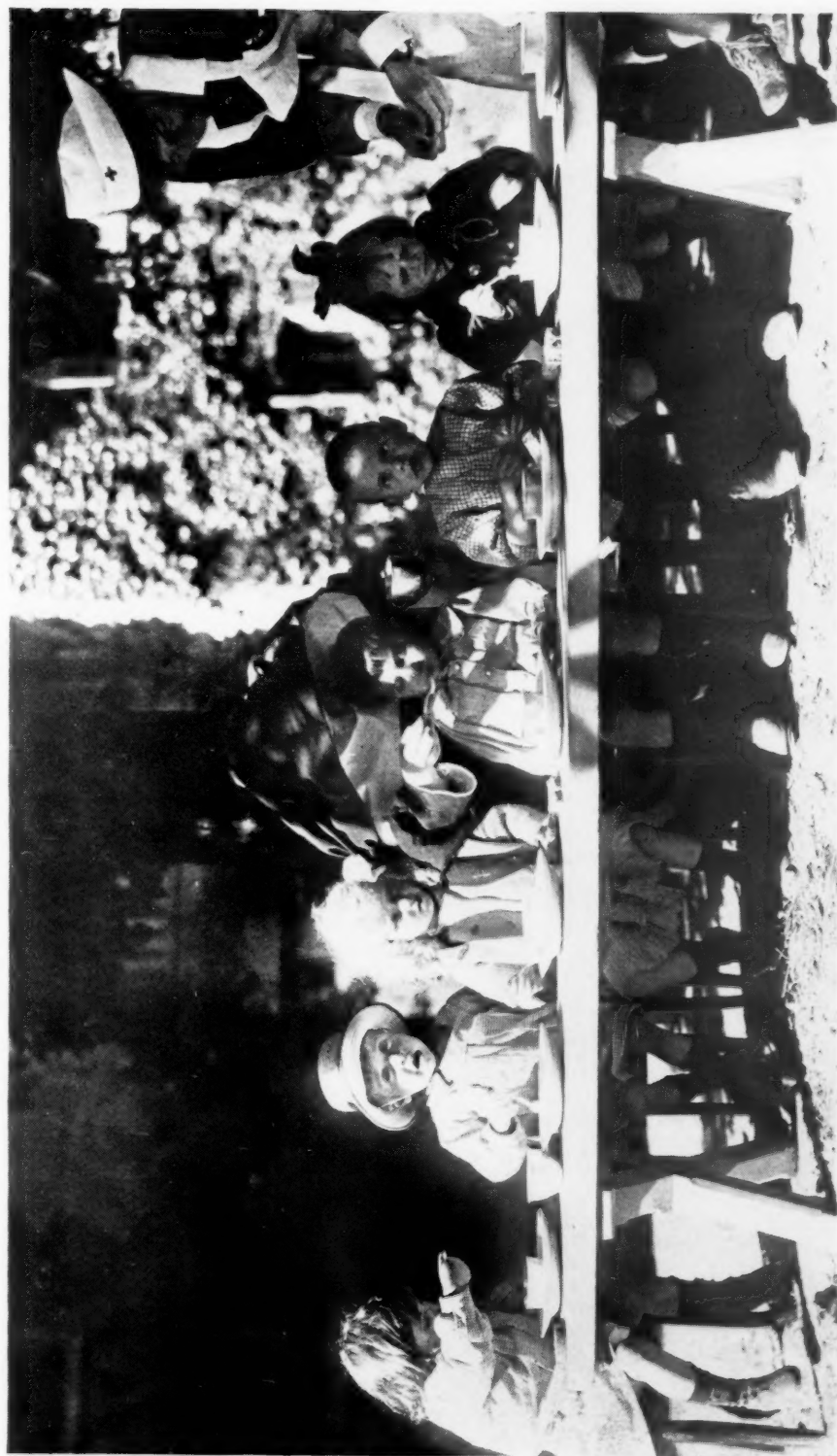


WELCOMING THE AMERICAN DENTIST AT CHATEAU DES HALLES

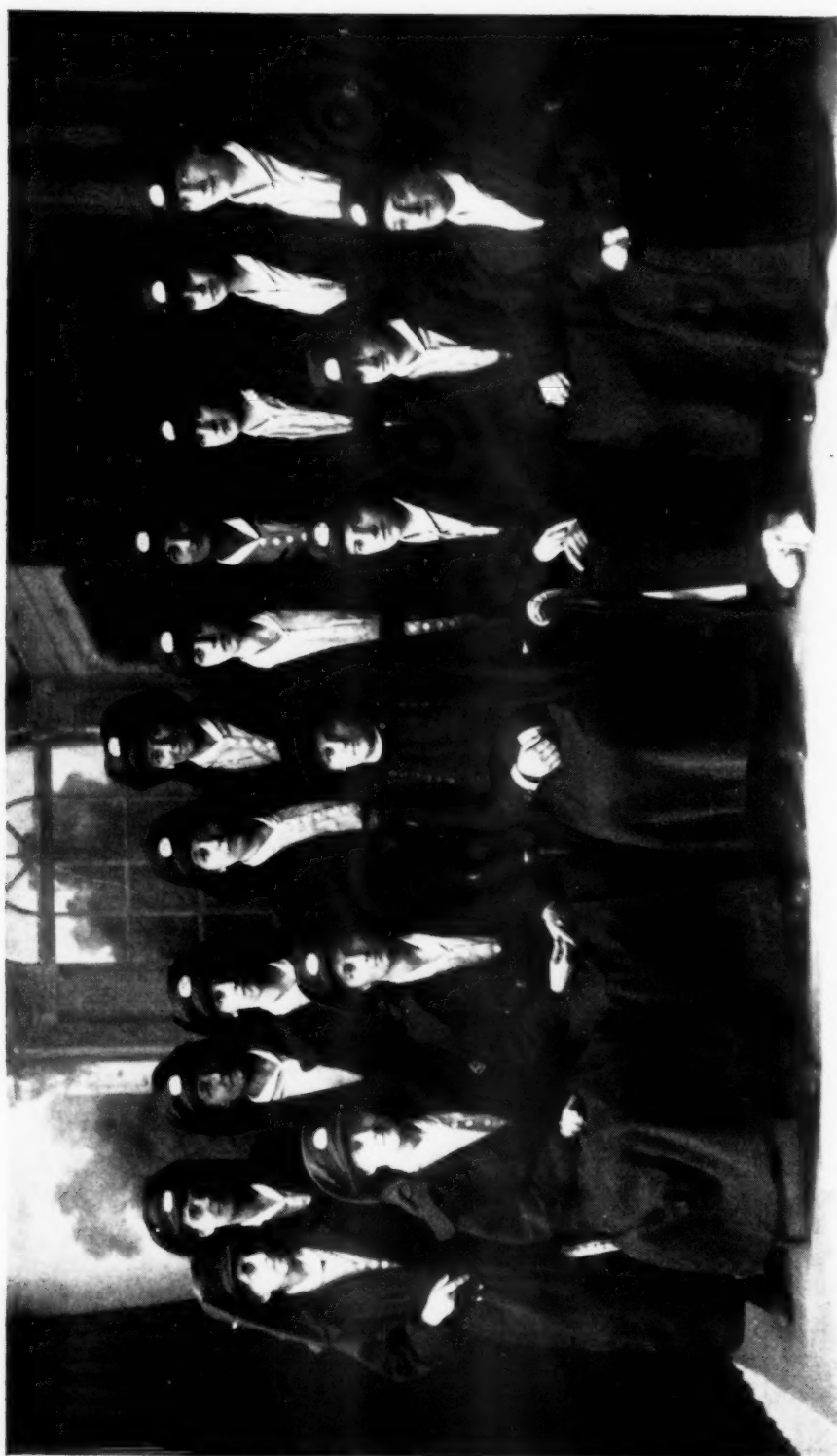
trally situated in a park. It was arranged to have all the usual exhibits and booths, that is, booths on breast feeding, pre-natal, dental, hygiene, tuberculosis, etc. It was also arranged to have a model milk station, baby hospital, kindergarten, play-ground, where actual demonstrations were given. The chief attraction proved to be the demonstration of the bathing of the baby, which was interestedly watched by thousands of people. The exposition was open for twenty days, during which time it was visited by 127,000 people. Later, in visiting the homes, we were much encouraged to find many mothers had visited the exposition and had begun giving their babies daily baths and trying, in a small way, to follow out the methods which had been employed in the Baby Exhibit.

There had been practically no public health work done in France previous to the war and the French had no idea exactly how to go about doing public health work, though the doctors were very much alive to the necessity of instructing the people and doing follow-up work. During the war a series of consultations had been started in Lyons for babies and small children. A doctor presided at a few of these consultations but most of them were run by women who gave well-meaning but sometimes incorrect advice. Milk was either given out freely or for a very small sum. Some visiting was done in the home but not in regard to health matters, only in ascertaining the need of material relief. The French were rather discouraged to find that though they held regular consultations and distributed clean milk the babies were not doing as well as had been hoped for, consequently when the Red Cross proposed training women to do health visiting, and starting courses for that purpose, as part of our effort to help the acute children's situation in France, the French lay people and physicians interested in Child Hygiene were very anxious that it should be done and a committee was formed to consider ways and means. This committee consisted of women representing the different organizations doing children's welfare work, children's specialists in the hospitals and members of the American Red Cross. It was decided to give a four months' course, with lectures by the French physicians. Forty lectures were given by French pediatricians and obstetricians, a lecture being given every day. The students made rounds with the doctors in the children's ward of the big hospital and also in the obstetric ward, and they assisted at the public clinic for babies. The practical demonstration and teaching was given by the American nurses in our already organized American hospitals and dispensaries. Toward the end of the course, the "visiteuses" did actual ward work in our hospitals. The American nurses were doing some follow-up

work in connection with our own dispensaries, which had been started to relieve the acute medical situation, due to the influx of thousands of refugees. The students in our course were taken into the districts with the American nurses and received their instructions in the homes in that way. After four months of a very intensive course an examination was given and seventeen of these women received certificates as Public Health Visiteuses. By way of explanation I might say that there are very few trained nurses in France. The ordinary "infirmiere" is a very low grade person to whom it would be impossible to give much instruction. We therefore tried to choose women of a good deal of intelligence, who had been doing nursing during the war, so that they had some idea about the ordinary nursing care. After the "visiteuses" were ready to begin work the Red Cross had a meeting with the French physicians and the representatives of the various children's agencies to decide upon the disposition of the "visiteuses." The American Red Cross was anxious to have the French begin a districting of the city, with one or two "visiteuses" assigned to each district, these "visiteuses" to follow up the babies discharged from the hospitals, to assist at the consultations and do all the general follow-up work. In fact, to do infant welfare as we were doing it in the United States; but the French were not quite ready for it and were rather skeptical of the possibility of coördinating various societies into a friendly working basis. Each doctor and society was anxious to have a nurse assigned to them and it was decided that a number of them should be assigned to the children's doctors and the obstetricians to assist in the hospital clinics and do the follow-up work, and that a number be assigned to the consultations for children, which were being conducted by the charitable associations. However, it was arranged that a special district in the city be chosen in which the American Red Cross was to make a demonstration of the district plan of work. Two of the "visiteuses" were assigned to this special district with a graduate French nurse, a secretary, and a social worker. This special district was to be under the absolute direction of the American Red Cross. A tentative plan of what the American Red Cross hoped to do in this district will be given later. The "visiteuses" began their work on the first of August and during the first three months they made 4029 calls, besides assisting at weekly consultations for well babies, and daily sick clinics. By the time the Red Cross was ready to withdraw from its civilian relief work the French had become very much interested in this welfare work and were anxious to continue it, and in order to encourage them the Red Cross suggested that they try to raise a sum of money for a permanent founda-



AT THE CONVALESCENT HOSPITAL THE CHILDREN ATE OUT OF DOORS



GROUP OF VISITORS. J. NELSON IS IN THE CENTRE

tion to continue child welfare work and offered to double any sum of money which they might raise, up to 1,000,000 francs, provided that this sum was raised within one month. Dr. Lucas made this proposition to a small committee interested in welfare work and they immediately decided to try to raise the money for a permanent foundation. A public conference was held of everybody in the city interested in child welfare. This committee put before the conference the plan of the Red Cross and gave them the idea of what was wanted as a permanent organization; that is, that the organization should make for its object promotion of child hygiene in every way and the prevention of infant mortality. To realize these purposes the Red Cross wanted better coördination of the already existing agencies for child welfare, a central direction, on the district plan, of the "visiteuses" already appointed and the continuance whenever it was necessary of the courses for "visiteuses;" and we hoped for the ultimate establishment of a permanent school for "visiteuses," also the establishment of a confidential exchange which would form a basis for grouping the work of the different charities. At this conference it was decided to raise the money and a temporary committee was elected to carry on the work of the "visiteuses," which the Red Cross was about to drop, until such a time as the permanent organization should be formed and in running order. In a month 650,000 francs was subscribed, which was doubled by the Red Cross and in addition to this, sufficient money was raised with which to buy an institution (which the Red Cross had started) in the country, for delicate and debilitated children, which was very much needed. Subscriptions continued, however, after the month allotted was over and the sum total raised was 1,011,187 francs.

It was decided to begin a new course for "visiteuses" under French direction entirely but with the help and advice of the American Red Cross as long as it should remain in France. This course began February first with thirty-three pupils. It was on the same plan as the first one, excepting that all the practical work was done in a French hospital in a ward especially allotted for that purpose under entire French direction. It was very encouraging that, at this time, although only six months after the first group of "visiteuses" had started to work and the American Red Cross had begun this special district, the French decided that when they should begin their new organization they would begin work on the district plan. Before withdrawing from Lyons the Red Cross was able to help them plan a districting of the city into seven districts with the idea of having a baby consultation in each district and two "visiteuses," one from the

old group of "visiteuses" who had taken the first course, and one from the new group when the new course should be finished, the organization to be the same as in the special district started by the Red Cross. By the time the Red Cross withdrew from Lyons the new course was two months under way and all the arrangements had been made for carrying on child welfare work in Lyons as we had hoped to do. The American Red Cross is sure that this public health work will continue to grow and we hope that we have been able to help permanently in starting public health work in France which is so much needed there, as elsewhere.

AMERICAN RED CROSS

PATRONAGE FRANCO AMERICAIN OF LYON.

A Plan for Intensive Health Work Amongst Babies in a Selected Area of Lyon

The Children's Bureau of the American Red Cross at Lyon has undertaken to make an intensive study of the health of children under two years of age in a selected area, with careful follow-up work by nurses and medical service.

The aims of this study in Lyon are threefold:

- 1st. To reduce infant mortality and morbidity.
- 2nd. To prove that infant health work is a community problem and that it can only be successfully carried on when all agencies, public and private, created for this purpose, work together to the same end.
- 3rd. To establish a precedent in one district which may be the model for extending infant welfare work throughout the city.
- 4th. To secure accurate data on health and social conditions in one district which may be of value in making deductions for the entire city.

The district which has been chosen is one of the most populous of the city. It has the advantage of having a local where there is a *Goutte de Lait* and a consultation for children of the *Consultation Budin*. It also has, on one side, one of the children's dispensaries of the Children's Bureau of the American Red Cross and, on the other, the tuberculosis dispensary of the Bureau of Tuberculosis of the American Red Cross.

Two French nurses, who have followed the course of training just completed, gave their entire time to visiting and caring for children in this district. Their work will be under the direct daily supervision of the Head Nurse of the Children's Bureau of the American Red Cross and they will be in constant contact and consultation with the social service department of the Children's Bureau for guidance in solving social problems that arise in connection with their work.

By courtesy of the Bureau of Tuberculosis office, space has been given in their dispensary at 85 Cours Gambetta. Here there will be a permanent secretary to have charge of the work to keep up the records and take telephone calls.

The records will be, in the main, the same as those used in Paris in the Patronage Franco-Américain of the 14th *arrondissement*.

A Franco-American Committee has been formed to meet weekly and to consider all cases of financial need that may arise. This committee will consist of the secretary, the head nurse and the head of the Social Service Department of the Children's Bureau, other representatives from time to time, and seven to nine representatives of the French *Oeuvres* which have activities in this district—a representative from the Prefecture, one from the city, one from the *Mutualité Maternelle*, one from the *Consultations Budin*, one from the *Société Protectrice de l'Enfance*, one from the *Société d'Encouragement au Nourrissage maternelle* and possibly from the *Natalité Lyonnaise* and the *Charité Maternelle*.

It is planned to secure from the *Mairie* a list of all babies born in this district, each week, beginning with the date when the work starts. These children will be seen by one of the two nurses at once and social and medical *fiches* made out for them. They will be followed from their birth with visits as needed and the social and economic needs of the family will be taken care of. All the French Societies are sending in their lists of families which they are aiding in this district and to all those having a child or children under two years of age a visit will be paid by the nurse. Wherever continued nursing service is needed this will be continued by our nurses.

The medical service will be furnished by the American Red Cross dispensary. Any sick child will be taken there for examination. In case of need of hospitalization, we have the Hospital Holtzman for the general maladies of children and the Violet for contagious diseases, where these children may be sent. Cases already under the care and supervision of one of the French hospitals will continue to be referred there.

One of the big problems is to make possible and encourage breast feeding. At the present time, the *consultations Budin* are giving *primes d'allaitement* of 5 Frs. a week to all wives of mobilized men, abandoned unmarried mothers, war widows and mothers with four or more children, who nurse their own babies and who bring these babies regularly to the weekly consultations to be weighed and examined. It will be our plan to refer probably the large proportion of new-born babies to this consultation, where the *primes* will be given under the regular rules of the Society, but there will be many needy mothers who do not fall within the above named categories but who, with financial or material aid, might be able to nurse completely their babies and stay home to look after them.

It is to work out an economic plan for each of these families that the Franco-American Committee will meet weekly. Any families which are actually aided by French *Oeuvres* will continue on their lists but this aid will be supplemented by the American Red Cross in money or in kind in order that the standard of living may be maintained. Relief will be only given to families where there are babies under a year of age. Just what will be given in each case will depend upon the decision of the committee who will also fix a scale of living rates for the city of Lyon.

The new babies will be followed indefinitely (until they are 2 years of age) and those on the lists of the *Oeuvres* until they are 2 years of age.

It is cordially hoped that infant mortality may be greatly reduced in this sector and that a real coöperation between the French *Oeuvres* may begin in this fashion, which may outlast the occupation of the American Red Cross and establish the principle that the care of babies is a public and community problem, not a private one.

INDUSTRIAL NURSING

BY YSSABELLA WATERS

Nearly a quarter of a century ago—twenty-four years to be quite exact—a movement was started in the nursing world which bids fair to be far reaching in its effect. Its purpose was the prevention of the smaller ills and the cure or amelioration of the larger ones which so quickly overwhelm the group that constitutes the majority of the people—the workers.

In 1895, The Vermont Marble Co. started for the benefit of their employees and their families a nursing service in Proctor and West Rutland, Vt. The work proved so successful that the following year the company built a hospital which was maintained primarily for the workmen and their families. The writer has not studied the history of the workmen's compensation laws and cannot say whether one was in force so long ago in Vermont or not, but today there is such a law, not only in Vermont, but also in each of the other States except Arkansas, Florida, Georgia, Mississippi, Missouri, North and South Carolina, and Tennessee. Among their various provisions these laws generally demand "Reasonable medical, surgical and hospital service for injuries arising out of and in course of employment not due to wilful intention to injure self or another, or to intoxication." West Virginia calls for "Medical, hospital and nursing services." An amendment of the Massachusetts law which went into effect on May 1st, 1919, requires that "every establishment employing 100 or more persons, shall be provided with at least one first aid room, suitably located and properly heated in which those injured or taken ill upon the premises may receive first aid treatment or rest. Such room shall be placed under the charge of a qualified nurse, or other person trained in and competent to administer first aid, who shall be employed on the premises and on call when necessary, to administer first aid only, unless further advised by a physician, and who shall keep a record of all cases of accident and sickness treated at the first aid room." It will be seen, therefore, that the Vermont Marble Company took a step far ahead of the times, as it provided not only first aid treatment

for its employees, but gave them and their families nursing care in their homes and hospital service as well.

The second large employer to install a first aid service for the benefit of employees and administered by graduate nurses and physicians was John Wanamaker in his department store, New York City, in 1897. The third and only other record thus far found in the 19th century is that of Frederick Loeser, in 1899, in his Brooklyn department store.

During the first ten years of the 20th century the growth of this movement was very slow. Previous to 1910 only 66 firms employed graduate nurses. It may be of interest to note that after New York set the example of having a nursing service in a department store, California soon followed and introduced it into four stores, The Emporium of San Francisco in 1900, The Broadway Store in Los Angeles, 1902, Hale Brothers of San Francisco, 1903, and Bullock's of Los Angeles, in 1906. Filene, of Boston, and Carson, Pirie & Scott of Chicago started it in 1904. But the idea must have been considered a good one for it was adopted by firms representing industries totally unlike the Vermont Marble Company and situated in States far removed from the New England pioneer. Factories, mills and mines also recognized in those early days the benefit of the service. The Plymouth Cordage Co. of Massachusetts, and the Anaconda Mining Co. of Montana engaged nurses in 1901. The Chace Metal Works of Connecticut introduced it in 1902; The Fulton Cotton Mills of Georgia in 1905, etc.

In the first year of the war, 1914, sixty new firms adopted the service. In 1916 and 1917 the Federal Government was responsible for stimulating this work in shipyards, also in factories and mills having contracts for war material, and a great impetus was given to the movement. The year 1918 may prove to have had quite as many new industries adopt a nursing service, but at the present writing—July 15, 1919—there is a record of only fifty-six new firms during that year. This number may be approximately correct because of the great difficulty of obtaining nurses for other than war work, but 1919 will doubtless show an increase over all other years.

More and more, new firms wish to establish a nursing service; the older ones have demonstrated that it is a valuable asset from a business point of view; they have enlarged their staffs, and are extending the service to the homes and the families, some even having school and infant welfare nurses. Another large factor which will aid in the growth of this work is the nurses themselves. Many of the returning war nurses come home with their minds quite bent upon

entering the field of Public Health Nursing, and all signs point to a great development of the industrial branch.

As the years advance new methods of carrying on the work are being tried, some of which make it increasingly difficult to follow the growth of the movement. At present four methods prevail. By far the largest group is composed of firms and corporations which install their own equipment, first aid rooms and emergency hospitals, engage the nurses and doctors, and keep the medical departments under their own supervision and control. The second large group consists of the firms which rely upon public health nursing organizations to supply the nursing service. The association may detail one of the staff nurses for work in a plant where she will give full time and be supervised by the association, for which the corporation pays for the supervision, the salary of the nurse and all incidental expenses. Or the association may detail a nurse for one or two hours' work in the plant and make home visits, for which the corporation pays for the supervision, the time spent in the plant, and a flat rate per visit in the homes. Or the corporation engages its own nurse for the work in the plant, and the association supplies nurses only for the home visits; these are made by the nurses in the districts where the homes are situated, and the corporation pays a flat rate per visit. The third group is made up of firms which are served by insurance companies, and this is divided into two groups; one represents the companies which give group insurance for the employees, install fully equipped first aid rooms and emergency hospitals, supply nurses and doctors, supervise their work, pay their salaries and have entire control of the medical departments; the nurses and doctors are responsible only to the insurance company, although working in the industrial plant. Other corporations take out the insurance, and may or may not have the company equip the medical department, but the industrial firms pay the salaries of the nurses and physicians, and retain supervision over them and their work.

A fourth method was started in the far west by an organization known as the National Hospital Association. For the smaller industries such as logging camps, and saw mills the service includes first aid by the nearest available doctors. The larger firms are supplied with medical, surgical, hospital and ambulance services, physicians, surgeons, nurses, specialists, X Ray and clinical laboratory diagnoses, orthopaedic appliances, and a limited dental service. The chief nurse supervises all the welfare work in the shipyard hospitals and in the general hospitals where the National Hos-

pital Association's patients are treated. A fifth method has recently been started whereby a municipal Board of Health has added a separate division to its old staff and they are trying out the industrial field. It is a very new experiment and it remains to be seen whether other municipalities will adopt it.

At the present time there is a record of 871 industries which have nursing services supplied by 1213 graduate nurses. All the industries give first aid treatment, but not all the nurses do this work. The large corporations maintain three groups of nurses, for first aid, hospital, and home visiting. Some of these are so highly specialized that the nurses in the various departments do not know each other, and have no knowledge of the work that is being done outside of their own division, but efficiency has been brought to the highest degree of excellence in all three.

Industrial nursing is one of the newest developments of the public health field, it is also one of the most rapidly growing groups. Business interests demand it because it insures the health of the workers, therefore greater efficiency and a larger output is assured. From the nurses' standpoint it is an important one. It must be treated seriously with due regard to its very complex demands. It is not merely a matter of technical knowledge and skill in surgical dressings; a nurse thoroughly trained in all that her profession calls for possesses a most necessary foundation for the work, but she must have far more than that. She must have an infinite amount of tact, and good will. She must love people—human beings of whom none finer or more interesting exist than those found among the workers. She should not fail to take an eight months' course in one of the best public health schools, and round out these studies with several months spent with one of the large public health nursing organizations, as the home visiting and the methods of handling family problems are very important factors of the work. Nurses who have a command of one or two languages besides English are in demand and find such knowledge a very great asset, as the employees of most corporations often speak only a foreign tongue, and fortunate is the nurse who can be independent of an interpreter. Fortunate, too, is the nurse who adopts this line of work, for it is full of ever varying interests, and satisfies every demand which an intelligent, ambitious nurse can have.

NUTRITIONAL EXPERIMENT IN MT. KISCO HIGH SCHOOL

BY H. L. HUBBELL

School Nurse, Mt. Kisco, Westchester Co., N. Y.

This is the third year of the school nurse's work in the High School of Mt. Kisco, and one of the new activities of the year along health lines was an experiment in nutrition.

Four hundred forty-three children of the grades were weighed and measured at the beginning of the school year in September, 1918; 30 per cent of that number were found to be 7 per cent or more below normal weight. It was not the children from the poorer homes who alone were underweight, for the majority of them came from the more prosperous families.

About this time the Mt. Kisco Committee, Council of National Defense, was active in promoting the Child Health Campaign in the village, and provided a fund for a nutritional experiment. School lunches in this village were out of the question, but it was decided to give each child one pint of milk a day, and whole wheat crackers, the milk and crackers being served in the nurse's office at the school at 10 a. m. and 2 p. m.

Special weight charts were kept for twenty-two of the children who were found to be lowest below normal weight. Each of these children was weighed once a week, and a gold star was placed on the chart of the boy and girl who made the greatest gain. One of the boys won eight stars.

The children below normal weight were instructed in the fundamentals of right living and effort was made to find the cause of underweight in each child, and to have this remedied. In some cases the underweight was due to late hours, eye strain, adenoids and tonsils, while in others it was due to improper diet, tea and coffee in some instances.

A home record chart was given to each of the twenty-two children, and a record of their diet for each day of the week was kept by them under the supervision of their parents; rest hours were charted, also the time spent out of doors in play, or running errands and work, also a record of sleep, defactions, and lunches between meals. Tea and coffee was discouraged in every case.

The average gain of seventeen of these children for thirty weeks was 9 per cent. The four highest gains for the same time were 16½, 16, 13½, and 9 pounds. The girl who gained 16½ pounds was 11

Nutritional Experiment in Mt. Kisco High School 733

per cent below normal, while the boy who gained $13\frac{1}{2}$ pounds was 12 per cent below normal at the beginning of the school term. One girl, thirteen years old, who weighed only $79\frac{1}{2}$ pounds, but should have weighed 88 pounds at the beginning of the school year, gained in thirty weeks 16 pounds, so that she was 5 pounds overweight at the end of the year.

One child who did not gain for several weeks was found to be drinking coffee twice a day, and when the coffee was discontinued she began to increase in weight and gained 5 pounds in nine weeks.

At the beginning of the experiment thirty-five children were taking milk, and four weeks before the close of the school term seventy-six children were reporting for milk and crackers each morning and afternoon. The children who could afford it paid for their lunches. The total cost for the thirty weeks was \$358.37. The children paid \$239.35, making the cost to the Committee, \$119.02. This work is no longer an experiment, and will be continued during the coming school year.

The principal and teachers claim that those children who took the milk and had physical defects remedied have made noticeable improvement in their class room work, and much of the success of this experiment has been due to the hearty coöperation of the school faculty.

As a result of this experiment the district superintendent of schools has influenced three other schools in his territory to take up work along these lines during the coming year.

PROGRAM OF THE UNITED STATES PUBLIC HEALTH SERVICE

EDITOR'S NOTE: The United States Public Health Service recently issued the following Program of health activities, as Supplement No. 35 to the Public Health Reports. This Program is of so much national importance that we are publishing it in full. It will be noted that visiting nurses form an important part of the personnel through which many provisions of this Program are to be put into effect; and we hope that all our readers will give to it the careful study which will enable them to have a definite knowledge of the national health standards and health efforts which are being made under the leadership of the Public Health Bureau.

This program meets urgent national needs by outlining health activities which are practicable and which will yield the maximum result in protecting national health and diminish the annual toll of thousands of lives taken by preventable diseases and insanitary conditions. The success of this program will depend on the active cooperation of Federal, State, and local health authorities. Experience has shown that this cooperation can best be secured on the Federal aid extension principle.

1. *Industrial hygiene:*

(a) Continuing and extending health surveys in industry with a view to determining precisely the nature of the health hazards and the measures needed to correct them.

(b) Securing adequate reports of the prevalence of disease among employees and the sanitary conditions in industrial establishments and communities.

(c) National development of adequate systems of medical and surgical supervision of employees in places of employment.

(d) Establishment by the Public Health Service, in cooperation with the Department of Labor, of minimum standards of industrial hygiene and the prevention of occupational diseases.

(e) Improvement of the sanitation of industrial communities by officers of the Public Health Service, and coöperation with State and local health authorities and other agencies.

(f) Medical and sanitary supervision by the Public Health Service of civil industrial establishments owned and operated by the Federal Government.

2. *Rural hygiene:*

(a) Federal aid extension for establishment and maintenance of adequate county health organizations in counties in which the county and State governments, separately or together, will bear

at least one-half (usually two-thirds) of the expense for reasonably intensive rural health work; county health officer to be given status in national health organization by appointment as field agent of the Public Health Service at nominal salary; sanitary inspectors and health nurses to be given official status in the Public Health Service.

(b) Detail of specially trained officers of the Public Health Service to formulate and carry out, in cooperation with local authorities, intensive campaigns for the sanitation of groups of rural towns, the work to be directed especially toward securing safe water supplies, cleanly disposal of human excreta, pasteurization of milk supplies, and bedside control of cases of communicable disease.

(c) Studies by a special board of service officers to determine improved methods of rural sanitation, the studies to be confined to the most practical and essential phases of the subject.

(d) Widespread dissemination of the simple rules for rural sanitation through various government and civil agencies, such as the bureaus and divisions of the Department of Agriculture, the Farm Loan Board, agricultural colleges, public school boards, farmers' associations, and women's clubs.

3. *Prevention of the diseases of infancy and childhood:*

(a) Through cooperation with the Children's Bureau, the American Red Cross, and other recognized agencies in promoting measures for child and maternal welfare.

(b) Through prenatal care by promoting:

(1) The adoption of measures for the adequate care and instruction of expectant mothers through visiting nurses, prenatal clinics, lying-in facilities, attention during confinement, and regulation of the practice of midwifery under medical supervision.

(2) Safeguarding of expectant mothers engaged in industries.

(c) Through infant-welfare work, by promoting:

(1) Accurate registration of all births, and measures for adequate care of babies in homes, welfare stations, and day nurseries.

(2) Instruction of mothers by visiting nurses. The enforcement of prophylactic measures to prevent blindness in the newborn.

(3) Safeguarding of milk supplies and establishment of pasteurization plants.

(d) Through supervision of children of preschool age by promoting:

(1) The organization of divisions of child hygiene in State and local health departments.

(2) Instruction by visiting nurses in general, personal, and home hygiene, and inspection for physical defects and the control of communicable diseases.

(3) The establishment of clinics for sick children.

(e) Through supervision of children attending school by promoting:

(1) The supervision of the home and school environment, including sanitation of school grounds and school buildings.

(2) The maintenance of health supervision of school children by school nurses and school physicians to detect and correct physical and mental defects and to control communicable diseases.

(3) Mental examinations of school children to determine and prescribe suitable treatment and training for children who fail in class work.

4. *Water supplies*.—National development of safe water supplies:

(a) By extending surveys already made by the Public Health Service of water supplies, checked by laboratory analyses when necessary, to be done by national, State, local, or university personnel and laboratories.

(b) Introduction and extension of methods of water purification according to results of surveys and analyses.

(c) Stimulation of communities to obtain safe water through national, State, and local representatives and volunteer organizations.

5. *Milk Supplies*.—National development of safe milk supplies through:

(a) Universal pasteurization (including adequate municipal supervision).

(b) Adequate inspection of production and distribution of milk and milk products.

(c) Stimulation of communities to obtain safe milk through national, State, and local representatives and volunteer organizations.

6. *Sewage disposal*.—Proper sewage disposal will control intestinal diseases, such as typhoid fever, dysentery, diarrhoea, and hookworm. These diseases now cause over 60,000 deaths annually. National development of safe methods through:

(a) Extension of water carriage sewerage systems wherever practicable.

(b) Elimination within municipal limits of cesspools and privies.

(c) In rural communities the installation of sanitary privies.

(d) The establishment of minimum standards of permissible pollution of streams, lakes, and rivers used for water supplies.

(e) Stimulation of communities through national, State, and local representatives and volunteer organizations, to obtain safe sewage disposal.

7. *Malaria*.—National development of measures for the control of malaria and malaria-bearing mosquitoes in industrially, agriculturally, and economically important areas of the United States:

(a) By the further dissemination of the knowledge of methods for its control (elimination of malaria-mosquito breeding places through drainage, oiling, ditching, and the like) now being demonstrated by the Public Health Service.

(b) By the extension throughout the country of surveys of certain areas as to the prevention of malaria and malaria-bearing mosquitoes.

(c) By increasing the corps of experts of the Public Health Service engaged in malaria prevention and by the utilization of other national agencies wherever practicable to advise the communities as to the methods for best handling their problems in malaria.

(d) Additional appropriations for the reclamation of large areas from malaria through proper drainage. Funds for such projects should be supplied on a 50-50 basis by Federal and State Governments. This plan is especially applicable to the control of malaria in communities where malaria conditions interfere with their economic development.

8. *Venereal diseases*:

(a) Medical measures:

(1) Establishment of clinics, dispensaries, and hospitals.

(2) Epidemiologic studies.

(3) Free diagnosis.

(4) Examination for release as noninfective.

(5) Free distribution of arsphenamine.

(6) Control of carriers through detention and commitment.

(b) Educational measures:

(1) Proper reporting of cases.

(2) Standardization of pamphlets, exhibits, placards, and lectures.

(3) Cooperation with national, State, and local authorities and volunteer associations.

(4) Cooperative work in industrial plants, shipyards, and railway employees' organizations.

(5) Coöperation with druggists' organizations to secure their voluntary aid in the control of patent nostrums for the treatment of venereal diseases.

9. *Tuberculosis:*

(a) Stringent provisions for the proper reporting of cases of tuberculosis.

(b) Adequate instructions of families and patients, especially in families where there is an advanced case.

(c) Hospitalization of cases, wherever practicable, either through city institutions or by arrangements with State or district tuberculosis hospitals.

(d) Coöperation with national societies and agencies having for their object the prevention of tuberculosis or the improvement of economic conditions.

(e) Improvement of industrial conditions predisposing to tuberculosis, such as "dusty occupations."

10. *Railway sanitation:*

(a) Consolidation under supervision of the Public Health Service of railway sanitation.

(b) Protection of railway employees by adequate health measures (e. g., protection against smallpox and typhoid fever by vaccination and inoculation; supervision of food, water, and milk supplies consumed by employees; elimination of hazards in shops and other work places; supervision of sanitary housing facilities; sanitation of railway communities).

(c) Protection of the public by:

(1) Sanitary supervision of water, milk, and food supplies furnished by railway administration.

(2) Sanitary supervision of employees engaged in handling water and food supplies so furnished.

(3) Sanitation of stations, terminals, rights of way, with special reference to sewage disposal, malaria-mosquito eradication, and disease-bearing insects.

(4) Prevention of the spread of communicable diseases through common carriers.

(5) Improvement and demonstration of the principle of employing full-time health officers by all municipalities.

11. *Municipal sanitation:*

(a) Development and demonstration of the principle of employing full-time health officers by all municipalities.

(b) Enactment and enforcement of ordinances for adequate disease reporting.

(c) Provisions for safe water, food, and milk supplies and sewage disposal.

(d) Enactment and enforcement of special regulations for the improvement of conditions causing tuberculosis.

(e) Establishment of community health centers.

(f) Municipal campaign for the control of venereal diseases through venereal-disease reporting; clinics for the treatment and control of carriers and free treatment for all cases.

(g) Control of malaria and malaria-bearing mosquitoes in malarious regions.

(h) Enactment of proper building ordinances and provision for sanitary supervision of housing, especially in industrial centers, including improvements in transportation, so as to permit redistribution of persons living in overcrowded communities.

(i) Adequate systems of medical supervision of schools.

(j) Reduction of infant mortality by proper provision for pre-natal care, bed space in maternity hospitals, infant-welfare stations, visiting nurses, and milk and ice stations.

(k) Stimulation of municipalities to realize their own responsibilities for health, and the part played by adequate health protection in the happiness and material prosperity of the community.

12. *Health standards:*

(a) Communicable diseases. Promulgation by the Public Health Service of minimum standards for the control of communicable diseases.*

(b) Industrial hygiene. Standards of industrial hygiene and of sanitation of places of employment should be prepared by the service in coöperation with the Department of Labor.

(c) Sewage and excreta disposal. Minimum standards should be promulgated in the following: (1) Water-carriage sewerage systems; (2) sanitary privies.

*The service has published on this subject a report of committee of the American Public Health Association, on which the service was represented. This report should be reviewed and amended by a board of service officers. It should then be formally approved by the conference of State and Territorial health officers with the Public Health Service, and be promulgated by the Public Health Service as Federal standards.

(d) Standard specifications for safe water and water purification.

(e) Community sanitation. Preparation of standard methods for scoring the sanitary condition of communities.

(f) Preparation of additional standards for the manufacture and the purity and potency of biologic products and for arsphenamine.

(g) Preparation of standards for illuminating, heating, and ventilating public buildings and schools.

13. *Health education*.—To increase the knowledge of the general public on means relating to disease prevention and personal hygiene:

(a) By the employment of medical sanitarians, having special experience in educational methods and their use, in cooperation with Red Cross National and State organizations, State and municipal health departments, State industrial commissions, and State and national health associations.*

(b) By advocating and assisting in the securing of full-time State, district, and local health officers.

(c) By stimulation of States and municipalities to the acceptance of their full responsibility for public health conditions and the support of health activities by adequate appropriations.

(d) By the detail of service officers to State health organizations and, when necessary, to city organizations, particularly in communities presenting special health problems.

14. *Collecting of morbidity reports*.—Extension of disease reporting to be accomplished through the collection of adequate reports of disease prevalence:

(a) By the extension of the present system of collaborating epidemiologists.

(b) For the industrial group of the population, through the appointment of industrial surgeons and record clerks in various industrial establishments, such industrial surgeons to be appointed by the Public Health Service, at a nominal salary, so as to place them under the direction and control of the service, and the remainder of the salary to be paid by the industrial establishments to

*The prevention of the following conditions and diseases will be the special objects of health education: Excessive infant mortality, occupational diseases (see section on industrial hygiene), malaria, typhoid fever, hookworm, venereal diseases, pellagra, tuberculosis, pneumonia, cerebrospinal meningitis, and personal hygiene.

which they are attached. In addition to reporting disease, these surgeons will act as medical and surgical officers and sanitarians. They will also report on community sanitation.

15. *Organization and training for duty in emergency of the reserve of the Public Health Service:*

(a) By the establishment of training schools in public health work in connection with stations of the Public Health Service and leading universities at which members of the reserve may receive intensive training for short periods at stated intervals.

(b) Ordering members of the reserve to active duty to participate in important field work of the Public Health Service.

DISCUSSION ON THE TRAINING AND USE OF ATTENDANTS

HOUSEHOLD NURSING SERVICE IN MILWAUKEE

BY ROSE Z. ANGELL

*Superintendent, Bureau of Home Nursing of the Milwaukee
Society for the Care of the Sick*

We are confronted at present with conditions which have emphasized the need of another grade of nursing service than that given by the fully trained nurse. Recent surveys show that we have:

1. Inadequate number of graduate nurses in the field.
2. Increasing demand for graduate nurses in public health work (which includes municipal, industrial, school and rural nursing).
3. Economic reasons; about 85 per cent of the population in a community cannot afford a full time graduate nurse.
4. After spending three years in securing technical training a graduate nurse's time is too valuable to spend on a case when skilled services are no longer required.

With a growing appreciation of the graduate nurses' services the public is demanding that only the scientifically trained women be employed wherever nursing and health problems arise.

Registered graduate nurses are being demanded for visiting, municipal, county and school nurse positions.

Accredited training schools and nurses' directories are devoting themselves to fill these needs.

The training and standardization of a worker supplementary to the graduate nurse is a newer problem. The great war and the epidemic have called our attention, not so much to the shortage of nurses as to the great number of women in the field giving questionable service because of improper or no training, only a limited experience, and no sense of professional standards and ideals. An attempt is being made at standardization of this supplementary service. Some of the plans already in use have been described in previous numbers of *THE PUBLIC HEALTH NURSE*.

In Milwaukee, Wisconsin, a Training School and Registry for Cadette Nurses was established in the Milwaukee Society for the Care of the Sick. This Society, comprising about four hundred members, has been in existence here for many years and formerly conducted and financed the free dispensaries in the city until these were taken over by the City Health Department.

About one and one-half years ago a new department, the Bureau of Home Nursing, under whose directions the Training School and Registry is conducted, was added to the Society. A home was secured as headquarters.

The name "Cadette Nurse," was chosen for our workers because it implied supervision and subordination. It is a fundamental principle that our Cadettes work under supervision of graduate nurses. Students are required to live at the School. A course of six months is given in periods of two months each, as follows:

First two months in theory and domestic science and economy. Since a large part of the service to be rendered lies along lines of domestic economy the home becomes a laboratory for domestic experimentation. The students do all the work in the home except laundry. This gives them opportunity of buying foods, preparing and serving meals, and training in proper cleaning methods and sanitation.

The theory comprises required reading, study and written work and two hours' daily instruction by superintendent. Emily Stoney's "Practical Points in Nursing," Aikins' "Ethics," Paul's "Materia Medica," Aikins' "Primary Studies" are among the text books used.

Special lectures are arranged for, to be given by doctors and graduate nurses during the six months.

An outline on home nursing, covering the six months' work, has been prepared and each student is expected to pass a final quizz on same.

We believe the curriculum should be based on the kind of service to be given rather than on the type of woman taking the work.

Applicants for admission to the school should be at least twenty years of age, have at least eighth grade education (applicants having high school are referred to accredited training school), must give references as to good moral character and be physically fit.

Second two months are spent in a small general hospital employing graduate nurses and conducting no regular training school. Last two months are spent in the field.

When calls come to the registry for help in homes of the poor, student nurses are sent in, under close supervision and instruction of the superintendent. If necessary, the supervisor will herself call and give the care or treatment ordered. This assures to the patient the proper care. When necessary, the supervisor calls every day; otherwise, only often enough to keep watch on the work being done.

Our service cards show that about two thirds of our calls come from doctors, the visiting nurses, health department nurses and industrial nurses. This leads us to believe that the public appreciates the fully trained nurse when such skilled service is required and realize the economy of supplementing such service with intelligent standardized household nursing.

It also gives us, in addition to our supervisors, three sources of supervision without extra expenses. Upon close coöperation of existing social and nursing agencies depends the success of this plan.

That the training we give is sufficient seems demonstrated by the many letters of commendation we receive from doctors, patients and social organizations for satisfactory service given. We have repeated calls from doctors and families and graduate nurses and a steadily increasing number of calls each month. The highest number of workers we have had in the field at a time, including student service, has been twenty-two.

Special advantages of the school and registry might be enumerated as follows:

Workers are under direct control;

Workers are in environment where training can be given to best advantage;

Workers are always accessible;

It establishes a spirit of loyalty, by centralizing an interest in the work;

With no course it would be impossible to impress the women with the ideals of the organization. Women who have completed the course are assured of work by the maintenance of the registry in connection with the school. Instruction and supervision continue while the worker remains on the registry. Workers receive no pay during training, but

are paid weekly by the society while on cases after completing the six months' training. They receive from \$15.00 to \$18.00 weekly. For supervision and maintenance of this department, a charge of \$2.00 weekly, in addition to amount the worker receives, is made to the patient or person responsible for payment of this service. We have had no difficulty, in our plan as outlined, in keeping control of the worker and the price paid for her service.

Training of supplementary workers has grown out of a demand for nursing service in families of moderate means and we should fall short of the public's expectations if we trained for care of convalescents and chronics only. The fact that this nurse goes only into homes unable to pay a full time graduate nurse and also does household work, not a part of a graduate's duties, makes her infringement on the province of the private duty nurse negligible.*

This plan is still in its infancy, but enough has been accomplished to justify a belief that the methods used promise the attainment of a high standard of service and to embody a sound and economic line of action.

It has been shown that the relation established between the graduate and cadette nurse is satisfactory and mutually helpful and that very important community needs are met by this method.

*EDITOR'S NOTE: The Committee on the Training of Attendants, appointed by the National League of Nursing Education, which has worked jointly during the past year with the Educational Committee of the National Organization for Public Health Nursing, stated as the first resolution of its Report, "That in the training of attendants the factor governing the length and the type of training should be the physical condition of the patient rather than his financial resources." See p. 663, August PUBLIC HEALTH NURSE.

PUBLIC HEALTH NURSING IN ANNAPOLIS, MD.

BY SARA V. SUTHERLAND, R. N.

The nurse at Annapolis is furnished by the Instructive Visiting Nurse Association of Baltimore, but financed by the Annapolis and Anne Arundel County Chapter of the American Red Cross, generalization being the type of work done.

During the past year, a weekly clinic for babies and children of the pre-school age was instituted, the clinic being held in a large, corner room of the Annapolis Grammar School. Each child was given an admittance card, upon which was pasted a small silver paper star when he attended regularly and had fulfilled the clinic requirements. When he had five silver stars, a gold one was given. He must guard this card carefully, for it is his admission price to the picnic and boat ride given during the summer and also his admission to the Christmas party. The results from the clinic have been wonderful.

During the past year, school inspections by the nurse were begun as a permanent institution. Each inspection is followed up by a home visit to the parent of the child. First, only the local school was taken in, then at the end of six months, the Board of Education asked the nurse to include the sixty-three county schools. This necessitated the services of a helper, and so another graduate nurse was employed and "the addition of a Ford automobile made to our staff."

Our pet hobby for the past year has been a vocational class for the mental defectives. During the year, we had an advanced psychologist from the Phipps clinic at the Johns Hopkins Hospital visit the school six times and he heartily urges a vocational class. Our number of defectives in a school of six hundred was quite small, about thirty, but quite enough to warrant a special class.

In quite remote districts, where a bath tub is an unknown quantity and where the water has to be carried from the well, and heated, we found that baths likewise were unpopular. Educational talks were given; the children were asked to sign pledges for frequent baths, the slogan to be "Two baths a week and two teeth cleans a day." The reward for this was the child's name on the roll of honor on the black-board. "Truthfulness" was the watchword and if a child diverged from the "Soap and water" path, he was to report himself and have his name erased. Results here were most excellent. Where abnormal physical conditions were found, the child was taken either to a dispensary or doctor in order that the defect might be corrected.

Plans are now under way for the establishment of a United States Public Health Service venereal clinic. The coöperation of the nurse has been asked for in this and as she has always done that branch of the work, it will mean but two nights a week additional to her other duties, for which she will have compensation by having time off during the day.

The town now lacks only a nose and throat specialist, but there is the promise of one in the fall.

Nursing care in the home is provided but, where it is possible, the patient is urged to go to the hospital or dispensary. When such arrangements can not be made, adequate bedside nursing is supplied to the patient in his home.

ACTIVITIES OF THE NATIONAL ORGANIZATION

THE NEW YORK OFFICE

During the month of July 57 new members were added to the Organization, comprising 54 Active Members, two Associate Nurse Members and one Active Corporate Member.

The Occupational Bureau, for the first time in many months, showed a larger number of nurses applying for positions than associations applying for nurses. The number of nurses seeking positions was 34, while 18 associations sought nurses; three positions were filled.

The Educational Secretary, who has been in charge of the office during the month, spent one day in Ann Arbor, Michigan, conferring with leaders of the Public Health Nursing Course there, and speaking to the students; one day in Buffalo, N. Y., with the officials of the Red Cross and the Visiting Nurse Association, who, together with the University of Buffalo, the City Health Department and the Department of Hospitals, have planned a four months' course in Public Health Nursing; two days in Mt. Alto, Pa., addressing the nurses gathered by the State Department of Health at a conference of nurses and health officers; and one day in Louisville, Ky., conferring with Miss Nelson, the new superintendent of the Visiting Nurse Association; and with an officer of the State Board of Health, who is planning a course in Public Health Nursing, eight months in length, to open in the fall.

Some very interesting interviews were held during the month, including one with the head of a mission to Poland, who called for advice regarding the nursing service to be rendered by her trained aides under the leadership of a trained nurse; and the executive of an infant welfare organization which is conducting pre-natal and baby clinics at one of the hostess houses much frequented by war brides and young mothers on the way to the homes of their husbands, who called to ask if the National Organization could coöperate with her work by giving the name of a Public Health Nursing association to which each war bride or war baby could be referred when it reached its destination—a service which was gladly undertaken.

A WORD FROM THE PUBLICITY DEPARTMENT!

Mr. James Rorty, the Publicity Secretary, since joining the staff of the National Organization in June last, has been engaged in the preparation of plans and material for carrying on the work of his department. He has now asked us to make the following announcement:

A six page folder, illustrated by diminutive reproductions of a new poster, or poster stamp, and a recruiting booklet addressed to student nurses, has recently been prepared by the new publicity department of the National Organization. Some of this propaganda, including the booklet, is already available.

Announcement of the 1919-1920 publicity plans of the National Organization will be made in the next issue of THE PUBLIC HEALTH NURSE.

PUBLIC HEALTH NURSING DEMONSTRATION IN LOUISIANA

The demonstration in Louisiana is progressing satisfactorily. At the beginning of July the midwives on one of the plantations held a meeting and asked Miss Coale, the nurse in charge, to see them. This offered opportunity to give them instructions as to how they might do their work in a more antiseptic fashion, by using boiled water and a simple disinfectant. The midwives promised to report every new-born baby to the nurse.

Miss Coale was called one day to see a patient a few miles out, in the real country; she found a baby, born just two hours after its father had died from tuberculosis. The grandmother, who was nearly blind, had delivered the child, and when the nurse saw the poor, forlorn little thing she thought the eyes looked swollen, so pressed lightly on the temple, to find pus spurting out of either eye. Her boric acid bottle being empty, she drove to the village drug store, only to be told that boric acid was not kept there; it was necessary to drive fifteen miles in order to purchase the necessary articles, but they were obtained at last, and the nurse hurried back to the baby, stopping on her way to ask a physician to call. The baby's eyes were watched every day for ten days, and then at the end of that time they improved and the child was able to see.

Most of the schools had closed by July, but one fairly large colored school was found still open, so arrangements were made to visit there and give a health talk. The audience consisted of about one hundred colored boys and girls.

It has been found a good plan to visit the colored churches, as quite a large number of people can be reached in this way. One Sunday Miss Coale drove twenty miles for a three o'clock service, then back five miles for a five o'clock service; then across the bay to a moving picture parlor, where she spoke to about 250 people; and finally to a small country church situated on a very muddy road, reaching home at eleven p. m.

At Morgan City the nurse met the Committee to plan a Health Center, which was opened July 29th; and a campaign has been planned by which every mother in that section can be reached. Taking into consideration the heavy rains and the terrible condition of the roads, the people are showing much interest.

LIBRARY DEPARTMENT

To the Members of the National Organization for Public Health Nursing

Do you know that your Library now contains over 3,000 pamphlets and 1,500 clippings?

Do you know that you may borrow from this Library a package of pamphlets on any given phase of Public Health Nursing, by writing to the librarian at the New York office?

Do you know that in addition to the main Library in New York, there are 40 State Library Centers representing the Organization and offering you the opportunity of borrowing from within your own State?

Have you spoken of your Library Center to the rural nurses working in your State? If not, will you do so?

These are all questions that the librarian of the Organization would like to call to your attention, because there is much that you, as nurses, should be getting from your local librarian, and much that you can do for her in return. Librarians, like all other workers, were greatly affected by the war—their eyes lifted, their doors opened, their work broadened. And all this to such a degree, that they want very much to share in the programs of community reconstruction. Especially is this true of the librarians who have consented to cooperate with the National Organization by undertaking the State Library Centers. While their interest is high, do not fail to appeal to them and use all they have to offer. Write

to them for pamphlets on school nursing, ask for lists of books on sanitation, send to them some of the "mothers" who need books on infant welfare, consult them as to good detective stories for the difficult boys you meet in your district work—there are numberless things the librarian can and will do for you.

The original list of Library State Centers was given in the April 1919 number of THE PUBLIC HEALTH NURSE. To this list may be added the following states and their librarians:

State Library Centers

Alabama	Public Library, Birmingham	Mr. Carl Milam, Lbrn.
Kentucky	Library Commission, Frankfort	Miss Fannie Rawson, Lbrn.
South Carolina	State Board of Health, Columbia	Mrs. Ruth A. Dodd, Spvsr. Public Health Nursing

City Library Centers

Louisville (Ky.)	Public Library	Mr. George Settle, Lbrn.
St. Louis (Mo.)	Public Library	Mr. A. E. Bostwick, Lbrn.

These Library Centers receive the regular reports and bulletins of nine allied associations as well as our own reprints. This month they have received in addition, the following list of current publications:

Allen, E. E.	Problem of the Feeble-minded Blind Child
Alliance of Charitable & Social Agencies	Poverty in Baltimore and Its Causes
Bingeman, W. E.	Live a Little Longer—Rochester Plan
Boston Public Library	List of Books Relating to Housing
Burnham, W. H.	Scope and Aim of Mental Hygiene
California State Board of Health	Influenza Epidemic
	War on Venereal Diseases
Colorado Agricultural College	Rural School Improvement in Colorado
Davis, K. B.	Women's Part in Social Hygiene
Dodd, R. A.	Public Health Nursing in South Carolina
Emerson, W. R. P.	Nutrition Clinic in a Public School
Evans, H. D.	Rural Methods of Waste Disposal
General Electric Co.	Preparation of Foods for Factory Employees
Hall, H. J.	Bedside and Wheel Chair Occupations, 1919

Hurty, J. W.	Medical Examination of School Children in Rural Districts
Indiana Dept. of Public Instruction	Bulletin on Physical Education
	Home Making Care of the Family in Health and in Sickness
Johnson, P. B.	Social Hygiene for Nurses, 1919
New York State Dept. of Health	Health Center Number, 1919
	Tuberculosis Surveys, 1919
Oregon Social Hygiene Society	19 Pamphlets on Social Hygiene
Pennsylvania Dept. of Labor & Industry	Pennsylvania Part in National Plan for Rehabilitating and Placing Soldiers and Sailors Disabled in War Service. 1918
Missouri State Board of Agriculture	Farm Club for Women
West Virginia University	Focusing on the Country Community
Wilson, J. G.	Infections Diseases of Children, 1918
Wisconsin State Board of Health	Rules Relating to the Sanitary Care of Schools, 1918
Wisconsin Industrial Commission	Factory Equipment, Housekeeping and Supervision, Handbook for Employers of Women, 1918.

Nurses specializing in industrial work will be glad to know that Miss Florence S. Wright's long promised book, "Industrial Nursing," has at last been released by MacMillan. A review of this book will follow shortly. Industrial workers seem to be particularly favored this summer, by having still another contribution to their line of interest in Miss Beard's comprehensive article in the magazine of Industrial Hygiene for August. It is entitled "Public Health Nursing and Industrial Hygiene" and treats of "Community Nursing," "Nurses in Industry," "Coördination of Public Health Nursing in a Health Center." Reprints of this article can be obtained from the library at seven cents per copy.

It seems impossible to keep our pamphlet files supplied with material on the subject of "Little Mothers' Leagues." The demand for this, also for "Community Work" is so constant, that the Library wishes to ask the readers of THE PUBLIC HEALTH NURSE to kindly watch for clippings and special reports on these two subjects, and send to the librarian when possible.

A 1919 revision of Miss Foley's "Visiting Nurse Manual" is now ready. The general scheme of the booklet is the same, but expanded by 30 pages. Copies may be obtained from the National Organization for Public Health Nursing, 156 Fifth Avenue, New York City, at the former price of 35 cents.

Early in June, the Library began the compilation of a "Summary of State Laws Providing for Public Health Nurses in the

United States." Before making this outline, it was necessary to write to the secretaries of the State Boards of Health for quotations from or copies of their public health laws. Because of the courtesy and very prompt replies of these officers, the outline was ready for mimeographing within a month, and copies of the Summary returned to them for correction and addition. The Summary is now submitted to the readers of the magazine, that all public health workers may contrast and compare the legislation of the various states, and at the same time form a perspective of this phase of work as it so steadily advances.

SUMMARY OF STATE LAWS REGARDING PUBLIC HEALTH
NURSING IN UNITED STATES

State	State Law	Present Recent Legislative Bills	
		Provision	Presented Defeated
Alabama	None		
Arkansas			
Arizona	Public Health Bu. established with appropriation		Passed 1919
California	Counties and Municipalities may employ Public Health Nurses.		Passed 1919
Colorado	None	Municipal and School Nurse provided locally	
Connecticut	Bu. of Child Hygiene provided by legislature, also Div. of P. H. Nursing established by Dep. of H.	Director of P. H. N. is also Field Rep. of Red Cross	Passed 1919
Delaware	None	State Tuberculosis Committee employs nurse for each county. Other departments responsible for 8 to 10 nurses in Child Welfare work.	

State	State Law	Present Recent Legislative Bills	
		Provision Presented	Defeated
Florida	None		
Georgia			
Idaho	Counties authorized to employ school nurses	Municipal school nurses provided locally.	Passed 1919
Illinois	None	1919-1921 budget of Dept. Public Health provides for 5 Public Health Nurses and Supervising Nurse with adequate salary. Nurses also provided by Div. of Child Hyg. & P. H. N. under state Board of Health.	
Indiana	None		
Iowa	County health nurses provided for—law not yet in print		Passed 1919
Kansas	Bill passed authorizing municipal Public Health Nurses. Tax may be levied for Public Health Nurse Assn. fund. Bill followed by passing of resolution to create Bureau of Public Health Nursing, designating a supervising nurse		Passed 1919
Kentucky	Has a law but not yet in print		
Louisiana	None		

State	State Law	Present Recent Legislative Bills	
		Provision	Presented Defeated
Maine	None at present. Legislation to be attempted in near future.	Anti-Tuberculosis Association and other non-official agencies employ nurses.	
Maryland	None		1918 1918
Massachusetts	None		
Michigan Minnesota	Bill passed authorizing city and village boards of county commissioners and town boards to appropriate funds for Public Health Nurses. (Also dental nurses, April 1919)	Red Cross, Minnesota Public Health Association and State Board of Health recommend and place nurses.	Passed 1919
Mississippi Missouri	Unsatisfactory law, to be amended at some future legislature, but not attempted at the last session.	Municipal and county councils required to appoint visiting nurses on petition of city or county tuberculosis association. (1915)	
Montana Nebraska	Village, city, county or township nurses provided for with tax for salary and expenses. Law invests nurses with police power to carry out orders of city.		Passed 1917
Nevada	None		

State	State Law	Present Recent Legislative Bills	
		Provision	Presented Defeated
New Hampshire	None-bill for State and county nurses introduced but failed to pass.	Red Cross and local district nursing organizations, anti-tuberculosis associations and other agencies.	Jan. 1919 1919
New Jersey			
New York	Employment of nurses authorized by Public Health Law, Education Law, County Law.		Law Amended 1917
North Carolina	None	State Director of P. H. N. provided by Bd. of H. & Metrop. Life Ins. Nurses supported by local funds.	
North Dakota	Provides for school nurses.		Feb. 14, 1919
Ohio	Law becomes effective Jan. 1, 1920, providing for county and municipal Public Health Nurses, completely reorganizing local health conditions in State.		Passed 1919
Oklahoma	None	Good Tuberculosis sanatoria bill passed April, 1919.	
Oregon	County Visiting and Tuberculosis nurses provided for, supported by State Tub. Assn. until county courts willing to assume.	One county nurse supported by Red Cross.	Passed 1917

State	State Law	Present Recent Legislative Bills	
		Provision	Presented Defeated
Pennsylvania	None	State provides funds for 75 Sanatoria nurses and 125 Dispensary nurses.	
Rhode Island	None		
South Carolina	None	Bureau of Child Hygiene supports supervisor of Public Health Nursing.	
South Dakota	County nurses provided in emergencies or by special recommendation of a community—particularly for school work. Law contains special clause stating that it is unlawful not to receive nurses into private homes, schools or other places.		Passed 1919
Tennessee	None	Certain municipalities and one county employ Public Health Nurses.	
Texas	None		Introduced Died 1919 1919
Utah	None	Director of Health Education appointed 1919. Public Health Nurses are employed under State Bd. of Health. \$10,000 appropriated for clinics and dispensaries.	

State	State Law	Present Recent Legislative Bills	
		Provision	Presented Defeated
Vermont	None	Local organizations employ 30 or more nurses throughout the State.	
Virginia	County nurses provided for Public Health Nursing and school work, supported by appropriation. Normal school required to teach preventive medicine and school inspection.		Passed 1918
Washington	None	Municipal H. Depts. employ P. H. Nurses and counties employ 20 Tbs. nurses. School nurses operate under school authorities.	
West Virginia	None	Public Health Nurse employed by other agencies. State health law recently created Division of Child Welfare but not sustained by nurses. Division of Public Health Education and Child Welfare established under State Director and supported by appropriation (1919).	

State	State Law	Recent Legislative Bills	
		Present Provision	Presented Defeated
Wisconsin	Within two years after July 1, 1919, every county shall employ one or more Public Health Nurses.		1919 old law amended
Wyoming	None		
New Mexico	None		

The Library will be glad to receive criticisms or comments on the above outline from those who come in direct contact with their State law and its effect on their work, be this of sustaining value, or to the contrary.

NOTE

Additional space has been devoted to the Library Department this month in order that the very interesting and helpful Summary of State Laws might be published. The Department of Book Reviews and Bibliography has, therefore, been omitted.



MISS CLARA D. NOYES, ACTING DIRECTOR, DEPARTMENT OF NURSING,
AMERICAN RED CROSS

NOTES FROM THE FIELD

PROMINENT RED CROSS NURSE DECORATED

"For service of high and inestimable value to her country and its wounded," Miss Clara D. Noyes, Acting Director of the Department of Nursing, American Red Cross was decorated recently with the Patriotic Service Medal of the American Social Science Association and Council of the National Institute of Social Science.

As head of the Red Cross Field Nursing Service, Miss Noyes had complete charge of the assignment of Red Cross Nurses to war service. Twenty thousand nurses have answered the call for military duty with the Army and Navy Nurse Corps, the Federal Public Health Service, and the Red Cross overseas. Over ten thousand of these nurses have been attached to the American Expeditionary Forces.

Miss Noyes, whose home was formerly in Lyme, Connecticut, came to the Red Cross in 1916 as Director of the Bureau of Nursing. A graduate of the Johns Hopkins Training School for Nurses, she was for some time Superintendent of the St. Luke's Hospital and Training School, New Bedford, Mass., and later General Superintendent of Bellevue and Allied Hospitals Training Schools, New York City. Miss Noyes has always taken great interest in the training of student nurses, and 1913 to 1916 was President of the National League of Nursing Education and 1913 to 1919 President of the Board of Directors of the American Journal of Nursing. She is now President of the American Nurses' Association.

A MESSAGE TO MEMBERS OF THE ARMY NURSE CORPS

Miss Julia C. Stimson has requested us to publish the following expression of appreciation of the work of members of the Army Nurse Corps:

Upon their separation from the service, the Surgeon General directs me to express to all members of the Army Nurse Corps, both regular and reserve, and to all dietitians, reconstruction aides, laboratory technicians, medical secretaries, and other women civilians who have rendered such valiant service with the Medical Department of the Army, his personal appreciation and that of the Department for their patriotic devotion to duty and the self-sacrificing spirit they have manifested in giving their assistance to the Department and the Army when it was so badly needed.

He regrets that it has not been possible to accept all the offers of renewed and continued service because of the great reduction of the Department per-

sonnel, and he hopes that all who can will continue their connection with the Department through their membership in the American Red Cross.

JULIA C. STIMSON,
*Acting Superintendent, Army Nurse Corps
and Dean, Army School of Nursing.*

A COURSE FOR SCHOOL NURSES

During the last three summers there has been held in Cleveland a six weeks' course for school nurses, under the Cleveland School of Education. This school was organized in 1915 by the formation of a working agreement between Western Reserve University and the Normal Training School, by virtue of which a considerable part of the equipment and educational resources of the University and all of the educational resources of the Normal School were brought to bear directly and effectively on a common object—the better preparation of teachers for the public schools. Practical work is obtained in the School of Observation, which comprises elementary, grades, a junior and a senior high school.

Forty-six students were enrolled for the school nursing course which came to a close on August 1st, making one of the largest classes in the school. There were represented nineteen States, and two students came from Canada. The largest group, numbering 11, came from Iowa, and Ohio came next with 7 representatives; while of the others, some came from as far south as Texas and Louisiana, as far north as Montana, and as far east as Massachusetts. While the majority of the students were school nurses, there were also included several visiting nurses, a tuberculosis nurse, private duty nurses, a county nurse, several superintendent nurses, and a supervisor from one of the Extra-Cantonment Zones.

A variety of courses were open to the students, each of whom chose three, as follows:

1. School Nursing, in charge of Anna L. Stanley, Superintendent of School Nurses, Cleveland. Taken by all the students.
2. Principles of Teaching for School Nurses, in charge of George E. Carrothers, Assistant Dean, Cleveland Normal School. Taken by all the students.
3. (a) Personal and School Hygiene, in charge of Harriet E. Ballard, Head of Department of Hygiene, Cleveland Normal School; and William H. Burnham, Professor of Pedagogy, Clark University.
(b) Sociology, in charge of J. P. Lichtenberger, Professor of Sociology, University of Pennsylvania.

The students were about equally divided between these two courses.

Other elective courses were open to students, such as Psychology, Physical Education, etc.; but no student was encouraged to take more than three courses in all.

TUBERCULOSIS CONFERENCE IN CONNECTICUT

On June 30th about seventy-five prominent leaders of the fight against tuberculosis in Connecticut met in the House of Representatives in the Capitol at Hartford, at the invitation of the State Tuberculosis Commission, to confer on the present state of the campaign against this disease. All the members of the Commission were present, as well as the whole staff of superintendents and secretaries. The following are some of the points brought out at the meeting:

Dr. Stephen J. Maher, Chairman of the Commission, called the meeting to order, explaining the purpose of the conference and the function of the Commission; he then called upon Dr. J. B. Dinnan to speak on the development of the Meriden Public Health Association from the Meriden Anti-Tuberculosis Association. The former association, as stated by Dr. Dinnan, has now two nurses doing exclusively tuberculosis work, and a dispensary and clinic; the salary of the two nurses and the organization and maintenance of the dispensary and clinic have been financed from Red Cross Seal funds, tuberculosis benefit entertainments, factory collections and public subscriptions. The dispensary is kept open one evening a week to examine members of families in which a tuberculosis patient has been found.

A short history of the Employees' Health Protective League of Bristol was given by Mr. Large, who said that every business concern in Bristol, except one, was a member, and that for every dollar raised by employees the employers had duplicated the amount. The general committee of the League appoints shop committees, and the shop committees appoint sub-committees to increase individual membership and to reach suspected cases of tuberculosis. Mr. Large also stated that out of a population of 25,000 in Bristol 2000 persons belong to the League.

Speaking for the New Haven Employees' Tuberculosis Relief Association, Mr. George L. Bradley, field secretary, stated that 75,000 persons out of a population of 165,000 in New Haven are beneficiaries of the Association, including 57 firms and business houses. He said that in securing members for the association there was difficulty with the employer rather than the employee. All the employees of the Department of Education are members of the association and present its advantages in the schools of the city. In response to a question, Mr. Bradley said that cases were reported to the Association generally through the local visiting nurses, and occasionally through the fellow-members of the association.

Dr. L. A. Wilkes, of the Bridgeport Department of Health, said that anti-tuberculosis and general health literature should be taught throughout all the school grades, and that Bridgeport is now giving instruction in the lower grades. The child should be taught to act rather than to read; the habit of health should be formed primarily by action and secondarily by reading.

Dr. Edward J. Lynch said that Bridgeport has a new building for its Department of Health, with quarters for its tuberculosis clinics, for eye, ear, nose and throat clinics, a laboratory and an X-ray department. The Visiting Nurse Association has just opened a preventorium for children who are poorly nourished or one of whose parents has developed tuberculosis. This is partly financed from the Red Cross Seal fund.

Miss Anna M. Sheehan, Chairman of the Tuberculosis Committee of the New Haven Visiting Nurse Association, told how that association has about 500 families and 1,200 cases under observation. Efforts will be made to establish the Modern Health Crusade in the city in the coming fall.

Dr. Hugh B. Campbell spoke of conditions in the eastern part of the State. He said that in Norwich a nurse devotes most of her time to tuberculosis work; a dispensary has been established and a tuberculosis clinic is held. In New London the same has been done and more than forty suspected cases have recently been investigated. In Plainfield, Danielson and Putnam clinics are being established and visiting nurses are being appointed in the large textile factories. He spoke of conditions in Plainfield, where the Lockwood & Greene Company has erected several hundred model tenements, a large inn, a gymnasium, day nursery and other housing improvements in connection with their mills. Two nurses are employed and a dispensary and clinic have been organized for anti-tuberculosis and other health work.

Miss Margaret K. Stack, Supervisor of Child Hygiene and Public Health Nursing for Connecticut, stated that the National Red Cross Society had joined with the State Board of Health in making the appointment to the position which she holds, and that she wishes to coöperate with the State Tuberculosis Commission in work in which both are interested.

Those present at the conference expressed the hope that another similar conference might be held during the coming year.

MOVING PICTURES FOR TUBERCULOSIS PATIENTS

Efforts to bring amusement and mental relaxation to tuberculosis patients, have resulted in the purchase of Pathescope moving picture apparatus for the Norwich and Shelton (Conn.) State Tuberculosis Sanatoria. The apparatus has been installed and regular weekly exhibitions of pictures are planned. Contracts have been signed for fresh films weekly.

At Shelton the apparatus was purchased by the Ansonia League of Elks which has voted to supply the sanatorium with regular changes of films.

At Norwich the moving picture apparatus was purchased through subscriptions taken among former patients of the Institutions.

The Tuberculosis Commission has organized a movement for interesting benevolent and social organizations of the State in the humanitarian movement, to assure apparatus for the other State sanatoria, and has appealed to several philanthropic, benevolent and social organizations in the State for assistance.

The effect of the pictures has been little short of magical. In some cases patients who have been deprived of such comforts of civilization for years have shown renewed interest in life and in recovery to health.

The beneficial effects of the entertainments can hardly be overestimated, according to members of the State Tuberculosis Commission and the medical heads at the sanatoria.

A TRAVELING TUBERCULOSIS CLINIC

The Washington Tuberculosis Association recently completed arrangements for a traveling clinic, to be in charge of a doctor, with nurses and assistants, together with an exhibit to be shown indoors. The doctor and nurses, who are specialists in the prevention and care of tuberculosis, will give illustrated talks, accompanied by practical demonstrations.

Arrangements were made for the clinic to leave Seattle on July 1, and move through the southwest portion of the State, then go east of the mountains, returning westward in the early fall, the whole tour to last approximately four months. It is expected that every town in the State with a population of 500 and upward will be visited.

A TUBERCULOSIS CONFERENCE

The Southwestern Tuberculosis Conference will be held at the Hotel Virginia, Long Beach, California, October 1-2-3, 1919, under the auspices of the National Tuberculosis Association.

This conference includes the States of Arizona, California, Colorado, Kansas, New Mexico, Oklahoma and Texas and the purpose of the meeting is to afford the opportunity for an exchange of ideas regarding the various public health and tuberculosis problems encountered in these States and how they can best be met.

MEETING OF WESTCHESTER COUNTY PUBLIC HEALTH NURSE ASSOCIATION

On June 30, 1919, many interesting speakers were heard at the regular meeting of the Westchester County Association of Public Health Nurses which was held at the Mt. Vernon Training School for Nurses. A large number of Public Health Nurses from the county were present and also many student nurses from the training schools of the county.

Miss Winifred Noon, State Welfare Nurse, said that never in the history of the ages was there a greater need for child health conservation than at the present. Miss Noon has been assisting Miss Eola Weed in conducting the Child Welfare Exhibit in Tarrytown. Miss Noon stated that the Exhibit would be taken

to various sections of Westchester County during the months of July and August.

The other speakers present were Dr. Hubbard, State Orthopaedic Surgeon; Miss Fitzpatrick, State Polio Nurse; Miss Agnes Wright, Superintendent of Visiting Nurses in Mt. Vernon, and Mrs. Jessie F. Ackerly, Board of Health Nurse of White Plains. Mrs. Ackerly gave an extremely interesting talk on the work of the Little Mothers League.

Miss Lennie B. Arthur, County Nurse, read a report of the Conference of Health Officers and Public Health Nurses which was held at Saratoga recently. Miss Arthur stated that 24 nurses from Westchester County were present at that Conference, which was one of the most interesting health conferences that has ever been held in the State.

Following the regular speakers, three minute talks were given by Miss Healy of Yonkers Tuberculosis Dispensary; Mrs. Mary Kothe of New Rochelle Board of Health; Mrs. Mary Faulkner of Portchester Child Welfare Station, and Miss Thompson, Industrial Nurse of the Bolt & Nut Works of Portchester. Miss Thompson gave a very graphic description of industrial nursing in this county.

Mrs. Rand, Chairman of the Westchester County Chapter of the Red Cross, was prevented from being present but sent a message to the meeting stating that a large sum was available for scholarships for Public Health Nurses to take post graduate courses in Public Health Nursing in recognized centers, these courses varying from four to eight months, and upon completion the Red Cross will guarantee positions for one year to graduates.

Miss Vanderwater, Superintendent of the Mt. Vernon Training School, in welcoming the nurses to Mt. Vernon, said that she felt that the Association had taken one of the most forward steps in assisting student nurses to find their way into the great field of Public Health Nursing and extended an invitation to the Association to meet with them in the future.

REPORT OF THE TOPEKA PUBLIC HEALTH NURSING ASSOCIATION

During the year July, 1918, to July, 1919, the Topeka Public Health Nursing Association has been very active. A considerable growth in all departments, except school service, is indicated from the report of Mrs. Charles C. Bailey, Supervisor.

A comparison of figures shows that during last year 4,349 new patients were cared for, as against 2,028 in the previous year. The report dwells largely upon the work of the nurses during the influenza epidemic, during which 781 cases were cared for by the staff; six extra nurses were added to help to meet the desperate situation.

Out of the experience of the epidemic has arisen an Hourly Nursing Division, which provides nursing care in the home for the independent patients; and an Industrial Nursing Division organized among forty firms of the city on a pro-rated basis and now continued with many of the firms, who appreciate the value of "preventive medicine" among their employees.

A county Public Health Nurse and a special nurse for tuberculosis nursing in Shawnee County are two more interesting features of the service. Permanent baby clinics twice a week were organized in order to carry on the children's year activities, and one nurse devoted her entire time for three months to child welfare work, holding an additional baby clinic for Mexican and colored children. During her special summer's service 956 babies were weighed and measured.

A Spanish interpreter has also been engaged to further the work among the Mexican population.

The tuberculosis sanitarium under the supervision of the Association has many patients under its care, ranging in age from 8 to 75. Health talks have been given to the patients and a weekly motion picture show is now in operation. The city has made the grounds into a park and the hope is expressed that some time in the near future a large porch may be added on two sides of the building, with screened sleeping sections above.

FIRST MEETING OF NEW ENGLAND DIVISION OF AMERICAN NURSES' ASSOCIATION

After deciding that the American Nurses' Association would hold its meetings biennially, it was suggested that sectional meetings be held, on alternating years, in different parts of the country.

At the convention in Cleveland in May, 1918, the American Nurses Association appointed Miss Edith Soule, R. N., of Maine, Chairman of the New England States. Miss Soule called the presidents of the six New England States to meet her in Boston, April 30th. Five States were represented.

It was the opinion of all present that a meeting of the Nurses of New England would be very helpful at this time when the nursing profession seems to be in a state of uncertainty, and it was decided to hold a three days' convention in Portland, Me., June 26, 27, 28.

There were over 200 nurses in attendance at the convention and it was so helpful that it was decided to have a permanent organization. A constitution was adopted, and the following officers were elected for two years: President, Mary Grace Hills, R. N., Connecticut; Vice President, Edith Soule, R. N., Massachusetts; Secretary, Elizabeth VanPatten, R. N., Vermont; Treasurer, Edna Cameron, R. N., New Hampshire.

A NOVEL ENTERTAINMENT

The Nurses of the Charleston Nurses' Club enjoyed a novel entertainment at a recent meeting held in the home of one of its members, Mrs. M. J. Steele. Several returned over-seas nurses, members of the club, brought their souvenirs which were on display in the dining room, and their postals and kodak pictures from abroad, which were thrown on a screen by radioptican and explanatory talks were given by the nurses while the pictures were being shown. It was a most interesting and pleasant time and one that will be long remembered by all present.